The Journal
OF THE
Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

WHOLE NUMBER 239
VOLUME XXI—No. 7

GRAND RAPIDS, MICH., JULY, 1922

YEARLY SUBSCRIPTION, $5.00; SINGLE COPY, 50c

CONTENTS

ORIGINAL ARTICLES

PUBLIC HEALTH EDUCATION

EDITORIALS

Office of Publication,
Powers Theatre Building, Grand Rapids, Mich.

Entered as second-class matter March 12, 1913, at Grand Rapids, Mich., under the Act of March 3, 1879.

CONTENTS—Continued

THE JOURNAL
IS
YOUR FORUM—
WE INVITE YOU
TO UTILIZE
IT FOR THE
EXPRESSION OF
YOUR VIEWS
ON
MEDICAL SUBJECTS

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Original Articles

PRESIDENT'S ADDRESS—THE MEDICAL PROBLEM*

W. J. KAY, M. D.
LAPEER, MICH.

The President's address is something of a swan's song, and is usually his last opportunity to speak from the vantage ground of leadership. I am going to take the opportunity of presenting some thoughts that should have a general appeal and which I am sure, if acted upon, would help us solve many problems and make the future of the practice of medicine in Michigan more pleasant.

Before doing this I would call your attention to the addresses of the different officials of the American Medical Association delivered at the meeting in St. Louis and also the report of the several Councils. They are so full of information and inspiration that I do not remember any meeting that has been as interesting and had such sensible action as the one just past. I would like to call your attention to the address of the Speaker of the House of Delegates, Dr. Warnshuis, in which he strongly advocated that more attention and much money be devoted to some of these other interests in a physician's life. A note has been sounded that indicates that our leaders have discovered that there are other sides to a physician's life than the educational. It is worth your while to read in the *Journal of the Michigan State Medical Society* the report of a meeting of the American Medical Association trustees, held just before the general meeting at St. Louis, in which every one present expressed an interest in this fact and a desire to balance the activities of the parent organization. It sounded like a caucus of congressmen who had heard from back home. However that may be, physicians will welcome the expression of interest. The reports of the several committees of the Michigan State Medical Society have been published. This is done for your convenience that you may become conversant with the activities of your society. It is your duty to read them.

*Delivered at the 57th Annual Meeting, Flint, June 7, 8 and 9, 1922

PROBLEMS

Parodying the words of Coleridge, we might say: "Problems, problems everywhere, nor any time to think." Religion, Law, Art, Teaching, Medicine, all are busy trying to adjust themselves and it cannot be said that the way or light is always clear. Every group in the body politic is being weighed and measured and new values are being established. Institutions, traditions and beliefs that seemed a very part of the people themselves have been found wanting and thrown into the discard. I do not think this is much different than it has always been, just more intensive. The world was jolted from an orderly progression to disorderly, hasty action that kept us wondering, "what next." Our greatest problem is largely of our own making and consists, for the most part, of our attitude to these proposed changes in the established order of things within and without the profession of medicine. I submit that those arising from without are more difficult of adjustment than those arising from within for the reason that to the solution of those arising from within we can bring the traditions of our profession and, in some measure, the fundamental law or code, neither of which, for very obvious reasons, can apply to those arising from without.

I have no sympathy with the statement that the code has outlived its usefullness. I do not think it has or ever will outlive its usefulness. The trouble is we are not as familiar with it as we should be. We are too prone to apply to where application is not possible and then to discredit it. I can see how, at the present time, it should be enlarged to serve as a guide to our collective action in matters where the whole body politic is concerned but in the relationship of physician to physician or individual physician to individual patient, it stands as the wisdom gleaned from years of experience. It has seemed to me that, at present, just good common sense is one thing we have

to guide us collectively in the problems that pertain to our relationship to other groups in the nation.

FACTORS

Let us consider a few of the things that have disturbed our equanimity during the past four or five years and see if there is a lesson that will help us to determine our right action in the future. First, State Medicine, a movement developed and financed by laymen, aided in a small measure by prominent members in our profession. However brilliant its advocates it had no appeal nor could it have any to the American people. We heard so much about it that our nerves became jumpy when anyone mentioned it and we were apt to classify with State Medicine many things that have no relationship to it. It would not be fair nor do credit to ourselves to name all those who were interested in State Medicine as knaves and fools. Every new idea in the science and art of medicine stands as a challenge to us that we must meet fairly. Our experience in Michigan has shown us that the profession, united, has nothing to lose by conceding to a new idea a fair field, thorough discussion, and if found not worthy, giving a good fight in the open. We must always remember, however, that a good fight is as important as a fair field. Whatever headway State Medicine had made in Michigan was completely destroyed by our discussion of the subject at the Kalamazoo meeting, and it will remain so as long as we, understanding whence it came and what it means to our State, are united in opposition to it. During the period of unrest happily passing, attempts to discredit the medical profession was a somewhat popular indoor sport in which a few of our own members joined. Every reformer in Health matters began or bolstered his campaign by questioning the honesty or ability of the physicians. We sometimes felt that we were on the defensive and by accepting statistics of little or no value sometimes felt discredited. An example of such statistics were those based upon an attempt to convert a civilian group of high average age into a military group in a short time, an undertaking, every fair-minded man will concede, was a tremendous task. I think results show it was accomplished with no discredit to the profession. That some, lacking power of adaptibility and with no special training, failed, was only to be expected.

Another example of faulty statistics was that pertaining to pregnant woman in Michigan. Indicating that she had exceptional and unusual danger dependent on the care given her by the medical profession, to say this is to say what is not so. There are no statistics of value to even suggest it. If registration and hospitalization is necessary before she can be properly cared for, then common sense will tell any person that through her own objection she will never receive the care the enthusiasts think is necessary. The pregnant woman of Michigan can rest assured that her family physician is alive to her needs. He will instruct her and will bring to her whatever the profession has for her relief and care. To admit the truth of such loose statements would be a serious reflection on ourselves and our medical colleges for the medical men of Michigan are just as good as our schools have made them. Those having special interest in the work worthy of the interest of the whole profession would get farther if they came in the spirit of enthusiasm for better work rather than in the spirit of damning the past and present by statements, which if based on facts, would be most humiliating.

COMMUNITY HOSPITALS

How many men in Michigan have given a lot of thought to problems that have never existed and paradoxically have always existed. Have never existed in the sense that the profession of Michigan failed in rendering the service due the people or failed in bringing to the healing of their sickness the knowledge and skill possessed by the profession as a whole. Always existing in the sense that we should strive for greater efficiency and search out ways for making tomorrow better than today. We were coldly critical of these men during the war times when we were all, figuratively speaking, up in the air searching the clouds for remedies for professional ills that had not much more substance than the clouds we searched. The effort was honest and earnest but many times showed a lack of appreciation of the real situation. The lack of general practitioners who would go into small towns and sparsely settled districts was to be met by giving each county a hospital. Hospitals are to be desired and no one would welcome them more than the country doctor, but no one, intimately familiar with this problem, could urge that the hospitals would take the place of the lack of general practitioners. One report at the American Medical Association meeting outlined a plan whereby men located in these hospitals could go into outlying districts for a few hours to meet the sick and make arrangements for the removal of those who, in his judgment, required hospitalization. It seemed to me when I read this that this man was applying to country districts what would be perfectly right in thickly populated districts of the city. How utterly absurd it would be to transport miles to a hospital, a case of pneu-

monia already sick three or four days or an expectant mother after labor had begun. It is possible in either of these cases it could be done but disaster would follow the attempt often enough to discredit any such an arrangement. Visiting the sick in their homes is your point of greatest contact with the public and it should be conserved. Its value to the public should be constantly increased. It has been and always will be the very foundation of our professional work. Group medicine in or out of a hospital has its place, evidently a very small one. A few diagnostic clinics are a necessity. The many specialties are a need to us, but all these put together does not compose, at the outside, twenty per cent of the work done by the profession. When the day comes that we feel that we have neither time nor inclination to make "domiciliary visitations" as one eminent physician calls visiting the sick, we can all "fold our tents and silently steal away." The people would have nothing of us and from top to bottom we will be in the discard.

RURAL PHYSICIANS

There is only one way to meet the need of the outlying districts and that is to graduate more general practitioners, no less educated than the present day graduates, but with less tendency to specialism. This could be done by requiring five years of general work before preparation for specialty and a special registration for those engaging in specialties. Or it has occurred to me that we could have a junior degree given at the end of the third year of a re-arranged medical course which would give the holder the priviledge of practicing for three or five years under the supervision of his faculty and requiring him, at the end of this term of practice, to come for his doctor's degree which would be given at the end of another year in medical college. This would enable the faculty to place him and require him to come to the college for a short period each year which would certainly be a good habit to establish. This three or five year service would take the place of an interneship. I do not know whether this could be made a success or not, but it has appealed to me as being worthy of consideration.

With the passing of the precepter there also passed a powerful influence for the directing of young men into general practice. Do not waste sympathy or pity on the country doctor. He doesn't need it. I had six years of it and know whereof I speak. He has many things that compensate him for the loss of the pleasures and comforts of the city. I have never thought the problem was one of economics for if a doctor is a financial failure in the country he would be any place. He may not have the opportunity for fees that run from one hundred dollars to an unnamed amount, but he will be able to do as well financially as the average city physician. Why should young men back up from the hardships of country practice? Medicine is a profession of service and not a commercial venture, and any attempt to make it so will end in discredit and usually failure. True, we must live by our work, but in my life I have never seen the man who works for the joy of it, go hungry or his children begging bread. It is the law of life that he who gives most gets most and the men who give most are usually the men who are accomplishing most in every walk of life. I have often thought if these young men knew the joy of living away from brick walls and stone walks, in God's open country where the sunshine and clear air and broad green sweeps of nature thrilled them at every turn, more of them would be country doctors.

PUBLIC RELATIONS

Our relationship as a group to other groups and to the whole body politic gives rise to differences, friction and criticism because of regulations which we think restrict our freedom of action and hampers our effort for the common good. We are the autocrats of the sick room. We are used to saying, "This is the proper course and it must be followed," and we are obeyed, but we cannot carry this same autocratic spirit into the relationship of our group to the public. Attempts to do this brings the friction, motives are questioned and misunderstandings arise that defeat efforts for the public good. I have no fears for the individual physician, however autocratic, as a rule his heart is right. His earnest service brings him the gratitude of the individual patient, but multiplying this one thousand times or ten thousand times does not give you a true picture of the relationship existing between the profession and public. The psychology of individual and mass reaction to similar stimuli is entirely different and a lack of appreciation of this fact has led us to be indifferent to its possibilities and its legitimate use. At your last meeting you made a start in this direction by creating a committee on public policy. You failed to furnish sufficient funds to make its work successful, a proof of that fact that we have not yet learned to collectively act wisely. On his own initiative, the chairman of this committee, Dr. J. B. Kennedy, approached Dr. Burton, President of the University of Michigan, proposing a united effort on the part of the State Medical Society and the University in the matter of educating the public and, through the power of the truth, developing sound public opinion in things pertaining to

Public Health. From that effort of Dr. Kennedy's and its whole-hearted reception by President Burton, plans were developed by his committee that were presented to the Council and approved by them, since which time the committee has been enlarged and a very comprehensive program has been arranged. It is most gratifying to state that in the short time elapsing since the first bulletin was published giving the list of the speakers and subjects, there has been a call for speakers that assures the success of the undertaking and indicates that the people are anxious to be instructed. Have you ever given consideration to this fact of our duty, as a profession, to the public? We are sure that, up to the present time, all progress in scientific medicine has come from the medical profession and their associates. Nothing is more true than this statement, but what effort have we made to have the public know it? How little do you see in the Public Press. Only once in a while an article, and so often they do not ring true. Since the time of the first man to set himself apart to care for the sick up to the present time, a history of what the medical man has achieved in ferreting out the causes of sickness, controlling epidemics, alleviating distress, healing the broken in body and mind and making life altogether safer and happier, reads like a romance. Then why not tell it again and again? Why only speak of our heroes in medical meetings? Why not acquaint the whole countryside with the history of the control of diphtheria, typhoid fever, child-bed fever, malaria, bubonic plague, and pneumonic plague and many others? I mention these because they stand out and their control is largely within our own time and ken. If you want to find out how little the public knows about these things, ask the educated persons in your practice to tell you about it. You will find they know practically nothing or what little they do know is incorrect and hazy. This is our fault. As a profession we are too self-centered, we withdraw from the people. In times past we have resented their interest in and desire for more knowledge of our work. I have heard it said by medical men that the people are not interested in the history of medicine. If you wish to test their interest, announce a Sunday evening meeting in one of your churches and the subject "Medicine." Advertise it well. Let the speaker give the facts with a human touch. Tell them not only of curative medicine, but also of preventitive medicine. Tell the mothers of the wonderful advances in caring for her baby and the resulting lowering of the death rate. You haven't a church big enough to hold the crowd that will come. The people are interested and want to know and we are not giving them of our knowledge or attempting to satisfy their interest. What is the result? Lay-workers who have but touched the hem of the garment, lay organizations enthused by the wonders and possibilities of our proper functions, even those who know nothing and can have no vision, come between us and the people and attempt to teach them. The people, in their intense desire to know, follow after these enthusiastic but false teachers. I would not destroy the least tradition of our profession. They are the growth of generations and the expression of self-evident truths but I cannot interpret them as meaning that the profession as a whole should not break away from its isolation. I would not want to be understood as finding fault with organizations such as the Rotary Club and others arranging for clinics for crippled children or what not. They are usually live men in their community and, no doubt, accept the guidance of their medical members. Much interest is aroused and much good comes from setting apart a day for the bringing in of a particular class of the sick and we much welcome their interest and aid, but for it to be necessary for any lay organization to take the initiative when we have the necessary local organizations for that particular work, surely indicates that we are too self-centered and that broad thinking and general action is to be developed.

The time was and not so very far distant when one man could comprehend all the science and knowledge of medicine. He could be surgeon, internist, public health officer, and still find time to teach the student. That day has passed, for with the great increase of knowledge it is not humanly possible for one to know and use it all. With this increase in knowledge, division of labor was necessary and many teachers were required. The development of a public health consciousness demanded more time for that service and greater than all, the advance in curative medicine made it necessary that there be still more division of time and interest. The simplest primary division for effective work is teaching, curative medicine and preventitive medicine. We should not lose sight of the fact that the division is for the more effective use of our time and knowledge, not an actual division. We are all of one profession. The work of the two smaller divisions numerically must necessarily be state functions. Why state functions? Because we are not ready to carry on. Suppose we do not care to admit this and we say we are ready to take over and control all activities pertaining to the profession, then we will wipe

the slate clean and begin to organize for effective work and at once we find the same divisions will be necessary, teaching, practicing, prevention. Teaching and prevention of Public Health functions must always be government controlled, for the reason that the funds must be forthcoming and only the government can supply them in sufficient amounts. It is a debatable question as to how far government control should go, but there can be no question that they should supply the funds. This necessarily means they should have some control. This is a statement, simple and self-evident, but it is the forgetting of this that causes some of our troubles.

The medical profession as a whole, through their own efforts, is in the possession of knowledge that has very materially reduced sickness and the death rate of infectious disease and lengthened the average human life. I do not think that anyone would say that this knowledge has been used to one hundred per cent efficiency or that it is possible to increase the percentage of efficiency without setting apart a part of our profession, who will be especially trained for the work and who will have the authority of the government behind them to enforce the regulations. No general practitioner is ready to give of his time to such public work, nor can he give it only in an incidental way if he performs his own duty well. This being true, we should co-operate with and support the Public Health Physician. Up to this point we have no disagreement, but when the Public Health Worker begins to function as a curative medical man and employs lay workers who are many times, in fact, practicing medicine, we must question his right to do so and insist that all who care for the sick or presume, with the authority of the State behind them, to give advice in the care of the sick, shall have the same qualifications. The public good demands it. Some of our troubles and perhaps the most of the friction between men in the different fields of professional endeavor have been due to the enthusiasm of the workers. We all know that the joy of having found the touchstone leads sometimes to extravagance. The teaching division of the profession doing the most fundamental work, that of preparing us for the service, has perhaps the greatest responsibility, and I am sure that they feel it keenly. Have the other divisions no interest in this work? Have we a suggestion to offer, not critical, but helpful in intention, not with the feeling that we can solve all their problems, but only that we sense some of them and are interested? Many times it is worth while to have the view of the man outside, one removed from the teaching centers, who, though exacting of science the truth, comes to feel that the art is the thing. I cannot feel that a teacher's work is only imparting knowledge regardless of his finished product. The acquiring of knowledge for the mere possession of it is a very selfish, useless thing and not worth while. The desire and ability to use it makes its attainment worth striving for. The proper balancing of science and art in the making of a physician is worthy of the interest of all. Our teachers and leaders are showing interest in us after our graduation, developing plans whereby we can obtain from them the advances that have been made since we left our Alma Mater. At different points in the state, post-graduate instruction may be had for the going for it. This should give rise to kindly feelings on our part and an attendance that would encourage them to greater effort in this particular work.

CONCLUSION

Gentlemen, I have, in this talk, endeavored to bring to your attention the fact that our activities touch at many points within and without the profession and that these same activities require a division of ourselves into many special groups and that these groups have drifted apart until between them sometimes exists a feeling of antagonism or at least indifference with its consequent lessening of our influence for good. Can we not from now on have a united profession, lay our lines of endeavor parallel and not at cross purposes? We have the machinery within our organization to bring this about. The Council could arrange quarterly conferences of representatives from at least the three principal groups and open to representatives from any sub-group. This, I am sure, would result in a good that I do not think we can measure. From personal contact and conferences I have found the teaching division and the Public Health Department ready to co-operate with the rest of us. Can we not put aside the animosities of the past, avoiding as far as lies in our power the friction and disagreeable things for which we are equally responsible and turn to a future so full of possibilities to a united and harmonious profession? Each of us having an enthusiasm for our own work duly tinctured with humility, and a kindly sincere interest and respect for the work of the other groups.

A profession with a past, resplendent with the achievements of such men as Pasteur, Lister, Koch, Walter Reed and a host of others and with a world need for still greater achievements and within ourselves an earnest desire never greater than at the present to serve in the fight against sickness and disease, we can be assured of its ability to cope with any situ-

ation that may develop now or in the future, and know that the things that annoy, are but incidents common to all human endeavor and progress.

A united profession—if I can impress you with it; if I can make you feel as I feel, that it is the one thing necessary for a big forward movement for establishing ourselves in the hearts of the people through increased service, then I will not have spoken in vain.

AN UNUSUAL CASE OF HYPERNEPHROMA

ELDEN C. BAUMGARTEN, A. B., M. D.
DETROIT, MICH.

The following case is reported for two reasons; the length of time since the onset and the unusual origin of the tumor.

While operating for various intra-abdominal conditions I have noticed small, pinkish gray nodules attached to the mesentery in various locations, especially in the region of the cecum and terminal ileum. On microscopic examination these particles have been found to be accessory adrenals. Another rather common site for accessory adrenals is in the broad ligament where some authors have described them as normal and fairly constant organs.

Whether or not these accessory glands are normal and placed in their various locations as a compensatory measure in case of emergency, or, whether they are the results of developmental irregularities is difficult to say, but it must be remembered that their very presence renders them liable to various disease processes, especially that of neoplastic degeneration as shown by the case here reported.

CASE REPORT

Case: Mrs. M. White, age 55. Complains of a severe backache which had a rather sudden onset about six weeks ago while lifting Has had occasional backaches within the last five years, but these were of short duration and never required the services of a physician. Has been employed as a housekeeper for the last six years and has been able to perform all the duties connected with this occupation without difficulty.

Present attack of backache has been very severe and almost constant for six weeks. Pain does not seem to have any relation to movement nor does a change of position or rest in bed relieve it. There are no other complaints.

Past History: Has had no other illnesses. Menstrual history negative. Menopause at 53 without difficulty. Has never had bloody or other vaginal discharges. Two children living and well. No miscarriages. Husband died at 33 of apoplexy. Appetite is good, no digestive disturbances, no urinary symptoms. Bowels are regular. Thinks she has lost a little weight within the last year.

Physical Examinations: Patient is an intelligent woman of about 50, not acutely ill. Head, neck, thorax and extremities show no abnormalities. Abdomen is large, having the appearance of a five months pregnancy. When questioned the patient stated that her abdomen had been as large as at present for at least twenty years and had been told the enlargement was due to a "loose" kidney and that she had never attached any special significance to it. On palpation the prominent abdomen is found to be due to a large mass lying in mid-abdomen. There is a depression over the symphysis pubis, and the tumor does not seem to rise out of the pelvis. The mass is firmly fixed, not nodular nor tender and does not move with respiration. Vaginal examination reveals nothing of note. Uterus can be made out as small and freely movable. Appendages could not be felt.

X-ray of spine showed no abnormalities.

Blood: Hgbl. 75%, reds 3,800,000, whites 7,000.

Urinalysis: Clear, acid, sp. gr. 1.020, negative for sugar and albumen. No blood or casts.

No definite diagnosis of the nature and origin of the tumor was made except that a benign retroperitoneal cyst was thought to be the most probable.

*Operation*s August 1, 1922. Ether anesthesia, median incision.

On opening the abdomen a tumor mass the size of an adult head presented. The surface was smooth and extremely vascular and gave the impression of a thick walled cyst. The pelvis was examined and found normal. The tumor was attached to the retroperitoneal structures by a short thick pedicle making delivery rather difficult. The pedicle had its origin just below the attachment of the transverse mesocolon, the latter being pushed forward and forming the peritoneal covering of the tumor. The transverse colon was adherent to the upper pole; this was separated and the peritoneum over the mass incised and the tumor enucleated. On dissecting down posteriorly the third portion of the duodenum was found firmly adherent and was separated with difficulty. The pedicle was clamped and divided and the tumor removed. On careful examination it was found that the large artery supplying the tumor arose directly from the aorta on its anterior surface just below the level of the renals. Likewise the vein was a tributary of the vena cava. The pancreas was found normal and likewise both kidneys were carefully examined and found normal. No

other pathological conditions were found. The opening in the posterior peritoneum closed with a continuous catgut suture and the abdominal incision closed in layers in the usual manner. The patient was in good condition at the close of the operation.

The pathological report by Dr. W. L. Brosius of the Detroit Clinical Laboratory follows: "Weight 1812 gms."

"The tissue shows malignancy. The tumor is encapsulated and very vascular with many degenerated and hemorrhagic cysts. There are a few areas of calcification in the older cyst walls. On section the tissue is spongy with occasional firm plaques.

"Sections show a more or less trabecular arrangement of the cells several layers deep, the trabeculae separated by thin connective tissue strands.

"The cells are mostly polythedral with distinct cell boundaries, and granular cytoplasm with numerous vacuoles. There are occasional giant cells, areas of pigment cells, and a few scattered bundles of spindle cells.

"In the plaques the trabecular arrangement is more definite, the cells smaller and with a denser cytoplasm."

"*Diagnosis*: Hypernephroma."

The patient made an uneventful operative recovery and showed no evidence of further trouble until October 15, when she complained of pains in the upper left arm and over the eighth rib on the right side. She refused an X-ray examination of the bones. Shortly afterward she developed similar trouble in the left femur and at this time a fusiform enlargement could be palpated in the humerus, and there was also an irritating cough with occasional blood streaked sputum. A diagnosis of a generalized metastasis was made and death occurred on December 14, 1921. Permission for necropsy could not be obtained.

SUMMARY

The points of interest in this case are: (1) This malignant neoplasm has been present and at its present size for about twenty years without causing any disability or appreciable discomfort. (2) It undoubtedly had its origin in an accessory adrenal gland deriving its blood supply from an anomalous vessel, lying between the layers of the transverse mesocolon. (3) In making a diagnosis in cases of obscure abdominal tumors, a hypernephroma originating in a fetal rest or accessory adrenal must be taken into consideration.

CARDIAC NEUROSIS*

HENRY A. REYE, A. B., M. D.
DETROIT, MICH.

Without exaggeration, it can be said that fully 40 per cent of patients coming to physicians complaining of heart trouble, have no demonstrable organic lesions. The subject, therefore, is an important one, one that we should try to understand clearly, in order to treat our patients correctly. Many of them come complaining of pain about the heart, of momentary stoppage of the heart, of tachycardia, of pre-cordial distress and discomfort with dyspnoea, which makes them fear that they have heart disease. Sometimes a murmur can be detected.

Much confusion exists in medical minds concerning the significance of cardiac murmurs. There are many who regard any type of murmur with grave suspicion as being indicative of serious heart defect. Other men advise that murmurs be disregarded unless there be other symptoms. It seems that a grave prognosis is not indicated with the majority of murmurs, though they should not be completely disregarded. The prognosis rests largely upon the integrity of the myocardium. Murmurs of certain types, accentuations, reduplications, and thrills are frequently discovered and are often without clinical significance. We always must consider the correlative findings to properly interpret a murmur. I have come across a number of patients who have been forced to spend years of comparative inactivity because of the chance discovery of a murmur, which caused the examiner to give a grave prognosis and prohibit any but the lightest exercise. These patients went through years of worry and fear, firmly believing that any exertion might lead to sudden death.

The cardio-vascular examining boards in the army discovered a considerable percentage of individuals having murmurs, and many with valvular impairment, who had led active lives without having been conscious of any impairment. In the ordinary normal individual, the knowledge of such a defect or functional murmur would make little difference, but in the case of an unstable, worrying neurotic, such a knowledge might easily lead to a fixation of his attention on the heart, so that he would be almost continually conscious of his heart beat and aware of any change in rythm or rate. The focussing of his attention on the heart, I believe, has a tendency to interfere with its proper function so that the heart finally becomes the organ through which the neurosis chiefly manifests itself.

The term neuro-circulatory asthenia used during the war can be applied to many of them. They suffer from neuro-circulatory instability, chiefly manifested by marked emotionalism, cyanosis of the hands and feet, dermographia, tremors, and attacks of asthenia leading to

*From Jefferson Clinic.

fainting and sometimes to epileptiform convulsions. Often they resemble cases of hyperthyroidism and sometimes it is necessary to determine the basal metabolic rate in order to insure a correct diagnosis. In these cases it is generally possible to elicit a family history of neurasthenia, epilepsy, hysteria, or of nervous and emotional instability. Usually these individuals were weak and sickly in childhood; they led a quiet and inactive life because they found that strenuous games and sports produced shortness of breath and palpitation. Most of them followed sedentary or indoor occupations either by choice or because physicians advised it.

In view of the fact that so many of these cases of cardiac neurosis present some of the signs of Graves' Disease, one is tempted to regard their trouble as being due to increased activity of the thyroid, and since some observers are inclined to regard them so, it is important to go into this question somewhat more fully. "The Report on the Study of the Basal Metabolism in 57 Cases of Irritable Heart of Soldiers" by Major Peabody at General Hospital No. 9, in 1918, is therefore of interest. In 54 of them the basal metabolism was essentially normal. In the three others the basal metabolic rate was 16, 18 and 22 per cent respectively above normal. Strange to say, none of these three presented any signs of hyperthyroidism. Considering the fact that many of these patients were unusually nervous, it is rather remarkable that so few had a metabolism at, or so slightly above, the normal limits. Permit me to quote a paragraph verbatim. "In spite of the fact that the metabolism studies lend little support to the view that the over-activity of the thyroid gland is a factor of importance in this group of 57 cases, nevertheless the clinical diagnosis of hyperthyroidism was made by competent observers in 24 instances, and curiously enough, none of these were patients with a metabolism above normal. That the diagnosis was made so frequently depends in part on lack of time and proper facilities to study the patients, but in part on certain superficial resemblances between these cases and cases of Graves' Disease. Nervousness, often in a marked degree, is almost constant in the functional heart cases. A tremor of the hands is present which cannot always be differentiated from that of Graves' Disease. The thyroid is often rather full and the isthmus easily palpable but this is usually accounted for by the fact that the patients are at an age when the thyroid is often somewhat large and, in many instances, by the patient coming from a region where goitre is endemic. Thrills and bruits over the gland, so frequently found in Graves' Disease, are very rare. Eye signs suggesting Graves' Disease are not very uncommon and well-marked lid-lag was noted in several cases in which there was little or nothing to suggest a diagnosis of hyperthyroidism. Tachycardia reaching 120 to 130 or even more is very frequently present when the physician examines the case. This tachycardia is, however, essentially different from that seen in Graves' Disease, for it disappears if the patient is allowed to lie down quietly for half an hour. The pulse counts taken by the nurse in the morning are usually normal. This tendency of the pulse to fall to normal when at rest and in the absence of excitement is quite different from the findings in exophthalmic goitre. One might argue that these are mild cases of Graves' Disease, in which there is only slight over-activity of the thyroid, insufficient to cause a demonstrable rise in the metabolism. Several points, however, are opposed to this hypothesis. In the first place, the nervousness and the tremor are often so marked that from comparison with definite cases of Graves' Disease, one could be certain that the metabolism would be increased; second, if cases of mild hyperthyroidism were so common, it would be almost inconceivable that outspoken cases would remain rather rare; and finally, the whole clinical picture of the two conditions is fundamentally different. In the cases of irritable heart one usually gets a history of prolonged, often life-long nervousness, associated with weakness and lack of energy or ambition. The more acute nervousness with rapid loss of weight and diarrohea, which is characteristic of Graves' Disease, is absent. The nervous activity, the restlessness, the physical and mental energy of the patient with hyperthyroidism, give place, in the cases of neurocirculatory asthenia, to cases of physical and sometimes mental inertia, and a desire to evade even the normal strain of life. The patient with exophthalmic goitre will usually take his rest cure only under protest. The patient with irritable heart will adapt himself to the same treatment only too readily. Psychologically they are fundamentally different.

And it is psychologically that we must approach them. This can best be done by observing them closely, watching their behavior and general reaction, by gaining a direct and subjective impression of the patient's attitude and feeling by sympathetic induction. By this I mean the faculty of conscious or unconscious imitation of the patient's attitude, facial expression, voice, mood, and mannerisms. In this way we reproduce in ourselves, sometimes with astonishing nicety, the mood and attitude of the patient. We, therefore,

can obtain inside information of how the patient himself is feeling. It is not difficult to know, then, that he is apprehensive, fearful, worried, or depressed. Questioning with this information as a clue will then often lead to a long story of worries and anxieties with which the patient feels unable to cope and from which he cannot escape. Often these worries and anxieties are not on the surface. The patient has repressed the cause, and sometimes a more or less tedious analysis is necessary to uncover the real trouble.

Now why should such worries and anxieties express themselves through cardiac distress and palpitation? The reason is obvious when we look at the matter from the psycho-physiological standpoint. Worry and fear are emotions both consequent upon the arousing of the instinct of flight or self-preservation, for worry is really naught but chronic fear. Now the fear instinct, the innate psycho-physical predisposition to receive dangerous stimuli and to react to them by appropriate vaso-motor and motor responses necessary for self preservation is thrown into activity by experiences with which we are unable to cope and from which the individual therefore, tries to escape by running or hiding. In order to mobilize the body for immediate and prompt response and to make available the energy for running, certain physiological changes take place at once. Among them are: pouring out of adrenalin into the circulation with peripheral vaso-contraction and coronary vaso-dilitation, increase of respiration, and particularly acceleration of the heart beat.

Hand in hand with this go other changes in the bodily organs, such as change in the tonic postural contractions of the diaphragm, stomach and intestines with stoppage of gastro-intestinal secretions and peristalsis which in many cases is at the bottom of so-called stomach trouble and indigestion. We will, however, consider only individuals in whom pre-cordial distress and palpitation are the main avenues through which fear and other emotional tensions discharge and manifest themselves. If we could always run away whenever we get afraid and so escape the feared object, there would be no trouble. The instinct would be satisfied, the individual would feel safe and comfortable. But there are in life innumerable situations from which we cannot escape, from which we often do not want to escape. Among these we may class financial and particularly social worries.

Take for example cases of women we get rather often in the out-patient departments, complaining of cardiac distress and attacks of palpitation. Many of them are widows with several children trying to get along on their mother's pension. They are unable to make ends meet in this time of high prices, they are fearful of the future, depressed, worried, and many of them would not care to live were it not for the children. They are tired out, exhausted. Examination and questioning reveals many other signs of fatigue, such as insomnia, indigestion, headaches, low blood pressure, etc. Though generally they have many complaints, there are some in whom the heart is the inferior organ and through which, therefore, the emotional tension discharges itself through palpitation and feelings of distress. Many of them try hard to repress their worries and fight against the odds. They sometimes succeed by shunting their attention from the real trouble, from the cause to the effect; and so they worry about it and talk about the heart and seek medical relief for cardiac trouble.

Others again are very unhappily married. They do not love their husbands, they dread his caresses, his approach, his very presence. They are not strong enough to assert themselves to end an unbearable relationship. And so they go into a neurosis. Often their coldness arouses the anger and jealousy of the spouse and so there are scenes, reproaches, and quarrels that lead to emotional tension which in some people immediately produces cardiac manifestations. It is not unusual that the wife then makes use of her symptoms, enlarges upon them, complains terribly of her heart, and so diverts her husband's attention, gains his solicitude, and makes him feel that he has been a brute. It is not uncommon that such women abhor sexual relations because they do not love. The dread of it easily provokes attacks of palpitation and distress and through playing up these symptoms they often evade the ordeal.

In this connection it is interesting to refer to a theory of Freud's according to which anxiety attacks with palpitation and dyspnea are provoked by unsatisfactory sexual relations. He claims that unless complete satisfaction and relaxation are achieved the excitement and tension will remain and later discharge itself vicariously through other channels, very often in the form of restlessness, anxiety, with palpitation and pre-cordial distress. Coitus interruptus and ejaculatio praecox are potent factors, the one injuring the male, the other the female the most. To be sure only a small percentage who practice, or have, incomplete sexual relations are so afflicted, only those with a faulty nervous organization that cannot stand or bear emotional stress and tension. I have had a number of

cases that certainly seem to bear out Freud's views. One patient in particular complained about severe heart attacks, stating that he was subject to spells which usually began with an oppressive fear which seemed to produce a sudden stopping of the heart and would then lead to pounding and severe palpitation that produced an overpowering fear in him of impending death. Sometimes these attacks of palpitation and dyspnea would last five minutes, sometimes much longer. No matter how many he had passed through unharmed, he always feared the next would be his last. Close questioning revealed that they always occurred on the day after coitus interruptus. He himself, however, had never connected these two factors. Furthermore, it developed that he had had these attacks for years at different periods. Investigation of these periods showed that they coincided with the times during which his wife was not pregnant. He recalled them definitely, that he had always been free of these attacks when his wife was pregnant and when he was able to complete the coitus without fear of consequence.

The bad after-effects of unsatisfactory sexual relations are more frequently encountered in women than in men. Their husbands practice withdrawal, or the fear of pregnancy causes them to inhibit full participation and so the tension remains and the next day they wonder why they are irritable, restless, nervous, and have attacks of palpitation and dyspnoea.

I have come across a fair number of cases in young people, in which the cause of the palpitation and cardiac distress was distinctly traceable to the after effects of masturbation; the struggle against it and the fear of being detected by others.

More often the cause of anxiety attacks is not so near the surface. I have in mind now the case of a young man who for months had been having attacks of pre-cordial distress with palpitation, fear of death and fainting. These spells would usually continue until his physician appeared on the scene, and then he would quiet down gradually and go to sleep after awhile. The doctor, finally getting tired of being called out at all hours, referred the case to me. During my first visit I saw him in one of these attacks and I was able to bring him out of it by sharp words of command and strong inframammary pressure. The impression conveyed to me by his reactions and personality was that of an effiminate, handsome young man and this impression was strengthened when subsequently the mother proudly told me how formerly he had loved to help her with the housework and showed me numerous samples of the splendid fancy work he had produced. I treated him subsequently for months with suggestion and static electricity for temporary relief, and during that time I undertook an analysis in the course of which he was brought to realize his abnormal early attachment to his mother and the subsequent transfer of his affections to the physician—this sequence, by the way, being by no means unusual, for in the case of an oedipus complex fixation, it is often impossible to transfer the affect to a member of the same sex as the object of the abnormal fixation. They therefore become homosexual and not infrequently go either into a neurosis or a psychosis. During the course of several years this young man was gradually, gradually led back to functional normality. He renounced and broke his attachment to the doctor, asserted his independence toward the mother, and during the last year has been independent, self-supporting, and self-respecting. (So far, however, he has not transferred his affection to a member of the opposite sex, and whether he will be able to accomplish this is, to my mind, questionable.) At any rate he is now able to speak about his experiences without emotion and laugh about the way he utilized and often provoked his attacks of palpitation in order to get the folks to call the beloved doctor.

I have had a number of cases of paroxysmal tachycardia that on study proved to be cases of anxiety, hysteria and in most of these infantile fixations were the underlying factors. It must, however, be remembered that not all cases of paroxysmal tachycardia are functional in nature, for in a number at autopsy an irritative lesion in the bundle of his has been discovered.

Attacks of palpitation and dyspnea are frequently complained of in cases of psychasthenia. Usually the presence of psychic symtoms such as doubts, fears and compulsions make a diagnosis easy. Occasionally, the physical symptoms are over-emphasized and it is only after close observation and questioning that the mental factors are admitted. I recall the case of a young mother, who was troubled by frequent anxiety attacks with dyspnea, palpitation, and precordial distress with consequent fear of heart trouble. No organic lesion could be discovered. It was apparent that she was exceedingly apprehensive and unhappy. Investigation of the temporal and causal factors of these attacks revealed the fact that they occurred usually when she saw or had to handle knives and when she was away from the baby. She would suddenly be seized with the fear that something had happened to the child, that it was dead. Only im-

mediate telephoning or returning home would relieve her anxiety. Through the method of free associations it was finally brought to light that she had become pregnant against her will and that on one occasion while handling a knife the thought had come to her; "I wish I could kill that life within me." She was immediately horror struck at entertaining such an awful thought and after a severe emotional struggle she succeeded in repressing the painful memory. In this way the affect, the feeling, was split off from the idea. Subsequently, whenever the complex was stimulated she became aware only of the emotional tension which discharged itself in the anxiety attack. That she should have an over-compensating love for the child was but a natural consequence of her repressed feelings of guilt. After these matters had been brought to the surface, and after talking over the situation and modifying her ideas of guilt, the difficulties vanished.

Attacks of palpitation and cardiac distress are also rather commonly encountered in traumatic neurosis; that is, the neurosis following accident; sudden frights, shell shock, etc. Anything that reminds them of the accident again calls to mind the fearful scenes and produces the emotional reaction anew and as a consequence tachycardia, dyspnoea, and other signs of fear are commonly encountered among them. We had quite a number of patients at Plattsburg who presented this symptom complex, but most of them recovered rather rapidly after the Armistice was signed, for the memory of the accident or the battle scenes are kept alive as long as there is danger of either being returned thereto, or of having to think about it continually because they are sueing for damages. A settlement allows these memories to gradually become less vivid and to be finally buried under the mass of newer impressions.

Many neurotics and constitutional psychopathic individuals react badly to tobacco and to coffee. Often attacks of palpitation and cardiac distress can be eliminated by inducing them to give up these drugs. In these individuals reflex irritation from the gastro-intestinal canal, such as constipation, may also lead to tachycardia. It would seem that in these cases the vagus or sympathetic nervous system, or the heart itself, are below par or inferior and that therefore these drugs, as well as other toxines act upon them to an unusual degree. I dare say that many of you have observed tachycardia following in the wake of acute infections. I think that these also are cases in which, the heart is the inferior organ and it is therefore the first to give symptoms and signs when affected by toxines or emotional stress. I have recently seen a number of such cases, which beside the palpitation, presented numerous other signs so characteristic of the long and persistent after effects of lethargic encephalitis.

Cases of cardiac neurosis emphasize the importance of visioning and treating our patients as personalities, as functioning human units and not of limiting our perspective to organic disturbances only. We must feel ourselves sympathetically into their problems, understand their difficulties, their maladaptations, and the reasons for their failures. And then, from our larger and more normal viewpoint, we can then point out the path to health and normality. We should, in the words of Hypocrites, be philosophers as well as doctors, in order to be good physicians. Now-a-days we would say psychologists, and it is by psychological means, by psycho-theraphy, that we can best be of assistance to those unfortunates, much more so at any rate than by the means of drugs alone. Now-a-days we are so often told to use psycho-theraphy but we are seldom informed of just how to go about it. In a general way I have already indicated various methods in speaking of different cases. More specifically I might say that when we have satisfied ourselves that we are not dealing with a serious organic heart disease in a case that presents other signs of neurosis, we should try to find the cause back of the cardiac symptoms, and then treat the patient accordingly. In some cases we may have to act as mediators of family strife or as instructors in normal sex hygiene. In other cases we can divert the patients into less arduous occupations, into a simpler and more congenial environment; or we can put them in touch with social agencies that can be of material assistance to them. Often when we have succeeded in gaining our patient's faith and confidence, simple, reiterated, positive assurance that they have no heart trouble, does wonders. Such direct suggestions, especially when coupled with indirect means, such as electricity or placebos, are often quite successful. Another means that I frequently make use of is the method of relaxation by means of which an hypnoidal state is frequently induced. In this state diverting and assuring suggestions are remarkably effective. Through it the patient is taught a way of overcoming his nervous tensions and of forestalling cardiac attacks in the future. Frequently, however, a more or less tedious mental analysis is necessary in order to get at the root of the trouble, to make the patient himself understand the mechanism of his neurosis, and through so doing make him finally independent of the physician. The subject is

a vast one, but one that deserves our fullest attention and study, for psychological understanding and a mastery of some of the methods of psycho-theraphy best adapted to one's individuality puts in our hands an exceedingly effective weapon for combating functional troubles and in assisting these cases of neurosis for which in the past we have displayed so little understanding and patience and who as a consequence have drifted in droves to faddist cures, religious healing cults, and into the hands of quacks.

—2201 JEFFERSON AVENUE, EAST.

PUBLIC HEALTH EDUCATION

The function of the Joint Committee representing the University of Michigan and the Michigan State Medical Society is to present to the public the fundamental facts of modern scientific medicine for the purpose of building up a sound public opinion concerning questions of public and private health. It is concerned in bringing the truth to the people, not in supporting or attacking any school, sect, or theory of medical practice. It will send out teachers, not advocates.

FUTURE PUBLIC HEALTH INTERESTS AND ACTIVITIES.

V.—SCOPE. (Continued)

JOHN SUNDWALL, Ph. D., M. D.

Professor of Hygiene and Director of the Department of Hygiene and Public Health. University of Michigan, Ann Arbor, Mich.

In the previous issue of the Journal there was outlined some of the important matters that must be stressed in a program for the promotion of health or physical efficiency. These were the body's relation to, I. Food; II. Air; III. Activity; IV. Rest, and V. Bodily Poisons. Furthermore, it was pointed out that, VI. Sex Hygiene; VII. Mental Hygiene, and VIII. Prevention and Correction of Defects, should be included in all activities designed for the purpose of achieving this personal fitness. Under the last named caption, prevention and correction of defects, attention was called to the extensiveness of physical defects in young men as revealed by the draft examinations and in school children. Let us now show the prevalence of "subnormalcy" in that period of life when the individual should be of the greatest value to society and to country—early adulthood. The following is taken from a report of an investigation conducted by the Life Extension Institute:

"Among large groups of clerks and employes of banks and commercial houses in New York City, with an average age of twenty-seven and all supposedly picked men and women, only one per cent were found free of impairment or of habits inviting impairment. Of those with important physical impairments 89 per cent were, prior to the examination, unaware of impairment; 16 per cent of the total number examined were affected with organic heart trouble, 42 per cent with arterial changes, ranging from slight thickening to advanced arteriosclerosis, 26 per cent with high or low blood pressure, 40 per cent had sugar, casts or albumin in the urine, 24 per cent had a combination of urinary and other serious impairment, 47 per cent had decayed teeth or infected gums, 31 per cent had faulty vision uncorrected.

"In industrial groups examined, average age 33, none were found to be free of physical impairment or habits of living inviting impairment. And in this group 89 per cent were, prior to the examination, unaware of any impairment whatsoever."

One may well conclude that as the mid-period of life is reached the physically perfect man or woman is a rare finding indeed. And yet, it is during this period of adulthood that physical efficiency should be of the gravest concern to all. It is then that the economic burdens are at their height. Furthermore, it is this age-period that is responsible, in the largest measure, for the proper up bringing of a rising generation. Moreover, society should receive its most valuable contributions from the men and women of forty. Again, our country's welfare and prosperity repends to a very large degree on the men and women of this mid-period of life. Truly, physical efficiency in the adult should be of paramount interest.

Among the important physical defects found, especially in the adult period of life, are certain disorders of the circulatory system and the kidneys. Generally, disturbances of the heart, blood vessels and the kidneys are associated. Abnormalities in one lead to regressive changes in the others. At any rate, this group of defects is found so frequently in our people that particular efforts must be made on the part of public health workers to combat it. The term "degenerative diseases" has been applied to this group.

IX. Prevention of Degenerative Diseases: The degenerative diseases include, in general, those retrogressive changes which take place in the heart, vascular system, blood vessels and the kidneys. Generally, the abnormal processes reach irreparable stages before the individual is cognizant of their presence. Such abnormalities as a failing heart due to degeneration of the muscle fibers which make up the heart, high blood pressure, hardening of the arteries—arteriosclerosis, apoplexy—rupture of a branch of cerebral artery resulting in the "stroke"—and degenerative changes in the kidneys whereby they can not perform their proper functions, are among the chief degenerative diseases.

Hardening of the arteries (arterio-sclerosis); a process in which the elasticity of the vascular wall is gradually substituted with an unyielding, inelastic tissue, thereby thickening the vessel wall and reducing its caliber and accommodation to heart action; is the most common and salient evidence that the body is undergoing retrogressive and degenerative changes.

Indeed, arteriosclerosis is the morbid structure upon which the degenerative processes in many organs begin and progress. A diffuse hardening of the vascular tree means increased resistance to the flow of blood. The heart is thereby overworked and the left ventricle increases in size. Again the blood vessels which supply the heart are included in this general arteriosclerosis. Thus, the heart can not receive its proper supply of

blood and nourishment. Consequently, it undergoes morbid changes which may even terminate in sudden death.

Likewise the functions of the brain, the kidneys, and other organs are impaired, and the cells constituting them degenerate because of the sclerosis of the blood vessels supplying them.

After all is said, longevity is a vascular question. "A man is only as old as his arteries." To a majority of men death comes primarily or secondarily through this peril.

The degenerative disorders are now becoming the objects of gravest concern to insurance companies and life saving agencies. There are many who hold that they are on the increase in the United States. They now stand at the very head of the list of causes of death in our country. The total number of deaths in the ergistration areas of the United States (77.8 per cent of our population) from the degenerative diseases for the year 1918 was 240,889. This includes diseases of heart, blood vessels and kidneys. Approximately, one death in every five was due to degenerative disorders. The role that heart disease and its associated group plays in causing poverty and adversely affecting the lives of entire families because of the crippling of wage earners, is inestimable. Assuredly, it constitutes a very substantial and serious factor in many millions of our population.

Every efficient public health program in the future must include strenuous efforts directed towards the prevention of degenerative disorders. While communicable diseases are frequently inciting causes of this group, however, the prevention and control of degenerative diseases will depend in the very largest measure on the individual himself. Therefore, combating and preventing this group must be an important feature of the health promotion program and people should become well informed regarding the dangers from, the causative factors and the measures for prevention.

It must be admitted that for the present we do not possess sufficient knowledge to explain satisfactorily all the causes and processes involved in the degenerative group of diseases. Furthermore, we have no specific curative measures. However, we need not be dismayed as adequate information is even now at our command to warrant definite procedure towards the prevention of this group as well as proper treatment to those affected. The following factors, we know, play important roles in the etiology:

1. Heredity. Osler has said: "The onset of what may be called physiological arteriosclerosis depends, in the first place upon the quality of arterial tissue (vital rubber) which the individual has inherited and secondly, upon the wear and tear to which he has subjected it. That the former plays a most important role is shown in the cases in which arteriosclerosis sets in early in life in individuals in whom none of the recognized etiological factors can be found. Thus, for instance, a man of twenty-eight or twenty-nine may have arteries of a man of sixty and a man of forty may present vessels as much degenerated as they should be at eighty."

Certainly this "family tendency" is an important one in the early production of arteriosclerosis.

Knowledge of the laws of heredity and the role it plays in human welfare should be a priceless possession of every one interested in human betterment. Not only is heredity definitely related to arteriosclerosis and other early regressive changes in vital organs, but it is, perhaps, of even greater importance as an etiological factor in insanity, in epilepsy and in the mental defects. Let us, therefore, take this opportunity to expand on this subject, for assuredly the "workings" of heredity on human welfare are not sufficiently appreciated by the average human welfare agent. At present, we are more or less prone to use this term—heredity—as an excuse for our failures to apply preventive and curative measures. In other words, to say, "This is due to heredity," is accepted generally as indicating there is nothing that can be done. Hereditary tendencies must not be accepted in this attitude of total resignation, but on the other hand heredity should be accepted as a challenge and incentive for genuine constructive public health work in the future. In fact, the general improvement of the human race will depend in the very largest measure upon the application of the laws of heredity. And as we progress with our public health movement and when more is added to our knowledge of human conservation, we shall find that heredity plays an ever increasing role in the welfare of mankind.

Every public health worker should be interested in and have knowledge of eugenics. Indeed, the eugenist is a public health worker whose interests are chiefly directed towards the production of higher human efficiency in the generations that are to come. Already our public health interests and activities in the nature of child hygiene go into the prenatal period. We are now deeply interested in that important phase of child life from conception to birth. The eugenist is concerned with the pre-conception period. Thus, we are gradually learning that we must project our interests far into the future in order to assure genuine constructive and efficient health work. In fact, eugenics may yet prove to be our most useful and effective measure in achieving the genuine public health objectives.

2. Strain. Prolonged muscular excess and organic strain doubtless contribute to arteriosclerosis. This condition is frequently found in such occupations as stevedores, where there is continually lugging of and tugging at heavy loads. Extreme and continual mental and emotional strain may be responsible for high blood pressure and hardening of the vascular tree.

3. Apathy. Inactivity and muscular disuse, with the accompanying faulty posture, skin disuse, etc., result in retrogressive and atrophic changes in the muscular system. Undoubtedly, the inaction and sluggishness which accompany the sedentary or lazy life contribute to weakening of heart muscles, which may be followed by definite retrogressive changes. One may even conceive of mental and emotional apathy, because of its relation to bodily apathy, as affecting the heart-vascular system. Therefore, daily exercise is a factor one must think of in preventing degenerative diseases.

4. Food. Overingestion, especially of proteids, has been proven to be an important factor in the causes of arteriosclerosis and others of the related group of degenerative diseases. There is a definite relationship between overweight and diabetes. Hence, the balanced diet is not only of inestimable importance in building up general physical efficiency, but it must be thought of as well in our efforts at preventing degenerative diseases.

5. Poisons. That various poisons deleteriously affect the heart, blood vessels and kidneys has been known for a long time. Alcohol, lead and other occupational poisons, caffein—the coffee heart—excessive use of tobacco—the tobacco heart—are among the common bodily poisons that may be responsible for the early breakdown. Again, poisons of metabolic origin, autointoxin, harmone excess—abnormal secretion and activity on the part of certain ductless glands—adrenals, are other factors.

6. Infections. One source of common and constant poisoning resulting in dangerous and irrepar-

able retrogressive changes in blood vessels and vital organs is that generally known as focal infection. Bad teeth, gums, tonsils, infected sinuses, chronic abscesses, etc., are examples of focal infections. These may not in themselves be serious enough to cause any conscious inconvenience to the person, but the bacteria harbored by the diseased tissue and the toxins liberated pass into the blood stream and are thereby carried to other organs. Secondly, foci of infection are set up as a ersult. We are now beginning to recognize that most joint affections are due to this process. When a person suffers from "rheumatism"—arthritis, one of the first concerns of the scientific physician is to hunt for a diseased focus of infection. He bears in mind the associated quadri-dangers, tonsillitis, rheumatic fever, endocarditis and chorea. He examines the gums, teeth, tonsils, etc., with a view of explaining the joint pains. After removal of the focus infection the joint affections frequently disappear as if by magic.

The heart may be permanently damaged, thereby shortening life, as a result of bacteria escaping from a primary infection, getting into the circulation and lodging on the heart valves. Here the bacteria set up processes which affect or even destroy the valves. Bright's disease is frequently caused by focal infection in the mouth. High blood pressure is often relieved by ridding the body of some diseased and infected focus. Many hold that appendicitis, ulcers, gall-bladder troubles may have their origin in focal infections. If the focal infection processes remain unabated for a long period then the irreparable regressive or degeneration diseases may set in.

In our efforts then to live a long and healthful life, one of our first concerns should be to determine the extent to which these minor ills are present. Once we penetrate beneath conventional acquaintance we almost invariably learn of some defect that may be a focus of infection.

General infections are frequently the source of "heart-blood vessel-kidney" disturbances. The acute infectious diseases of childhood—scarlet fever, diphtheria, etc.; pneumonia, typhoid fever and syphilis are among the chief instigators in this group. Proper care and treatment during the course of these diseases and during convalescence is of utmost importance in view of the imminent dangers to the organs of circulation and excretion.

The degenerative group of diseases are so frequently the sequela of bacterial infections which have irreparably damaged heart valves, heart and blood vessel walls and kidney cells. Some prefer to place these primary injuries, so often found in children and due to bacteria, in a class by themselves and the later more slowly regressive or degenerative changes found in adults into another group of diseases. This distinction is of pathological interest. However, from the public health standpoint of combating and preventing "heart-blood vessel-kidney" disorders, it is not essential to make this differentiation. Combating and preventing heart disease and its associated degenerative diseases are essentially problems of education of the masses and of periodic physical examinations. (The importance of the latter will be discussed in the next issue of The Journal). Our efforts directed towards the prevention of "heart-blood vessel-kidney" diseases must begin with early childhood, because of the high frequency of damaged hearts early in life. Therefore, it is the parent whose interests must be solicited and obtained. Sobel has outlined the following method of procedure with children during the pre-school age.

1. The need of more frequent physical examinations during the pre-school age period, and the correction of remediable physical defects. Parents should be urged to have these children examined by private physicians, hospitals, clinics, dispensaries, in a special "pre-school age clinic"—a number of which have already been established in New York City—or at the baby health stations of the Department of Health and other agencies.

2. Removal of abnormal and diseased tonsils as a potential source of rheumatism, and the most frequent cause of cardiac disease in children.

3. Greater attention to nasal hygiene—teaching the children, wherever possible, the proper method of blowing the nose and using the handkerchief. Removal of adenoids and correction of other defects of nasal breathing.

4. Maintenance of a proper standard of nutrition, through education of the parents in the proper purchase, selection, preparation and care of food with regard to the needs of growing children: regular periods of feeding; establishment of good health habits—mastication, sleep, ventilation, exercise, rest, fresh air, avoidance of tea and coffee, etc.

5. Emphasizing that recurrent tonsillitis and enlarged tonsils are often forerunners of rheumatism and cardiac disease.

6. Education of the public as to the dangers of cardiac complications following the infectious diseases of childhood—the need of prevention, the importance of early and proper isolation of the affected person, the value of prolonged rest in bed during the course of the disease, and the advisability of very gradual return to daily routine and exercise after these diseases, and indeed after every febrile disease of whatever nature.

7. Further education in oral hygiene during the pre-school age period—daily cleansing of the mouth and teeth, correction of dental caries and defects.

8. Prevention of respiratory diseases in early childhood through publicity measures heretofore outlined; dangers of coughing, sneezing, spitting; contact with other members of the family; proper ventilation in the home; danger of mouthing toys and other articles; avoidance of wet feet, exposure, fatigue, etc. These should be emphasized especially in the case of families forced by necessity to live in basements which come perilously close to being cellars.

9. Greater regard for so-called "growing pains" which are also potential signs or forerunners of rheumatism.

10. Improvement of the emotional and temperamental stability of these young children through: (a) Education of the parents as to the importance of environment and home training. (b) Proper food, hygienic and living conditions, personal and home hygiene. (c) Modification of the kindergarten system. At present the transition of the child from home to school is too sudden. He is often bewildered, with the result that he frets and worries and becomes discontented or unhappy or worse. He should be taken more gradually into his new environment. The kindergarten registration at the present time is too high for one teacher to supervise, and the kindergarten should be made to conform nearly to the Froebel idea.

11. There should be more open-air play, and certainly more open windows in the classrooms than is the case at present. Improper kindergarten conditions predispose to fatigue, depression, emotional instability, lack of resistance and malnutrition. If children must be sent to school at an age as early as five or six years, it seems to the Committee to be a community responsibility that they should be placed under the most favorable conditions possible.

The Journal
OF THE
Michigan State Medical Society
ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

J. B. Jackson, Chairman.....Kalamazoo
R. C. Stone.....Battle Creek
J. McLurg.....Bay City
R. S. Buckland.....Baraga

Editor and Business Manager
FREDERICK C. WARNSHUIS, M. D., Sc. D., F. A. C. S.
Grand Rapids, Mich.
GUY L. CONNOR, M. D., F. A. C. P.
Associate Editor, Detroit.

Entered at Grand Rapids, Michigan, Postoffice as second class matter.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized July 26, 1918.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscriptions are to be addressed to F. C. Warnshuis, M. D., 4th Floor Powers Theater Building, Grand Rapids, Mich.
The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—$5 per year, in advance

JULY, 1922

Editorials

THE 57TH ANNUAL MEETING

Our 57th Annual Meeting has gone down in history. We prophesied a great meeting with noteworthy scientific features, pleasures and Flint hospitality. They were all fulfilled to a full degree. The universal expression of the men in attendance was one of satisfaction and the remark, "The Best Meeting We Ever Held." That is our own observation and conclusion.

The House of Delegates conducted its business expeditiously and effectively. It unanimously voted to support those new and constructive plans that were adopted at the St. Louis meeting of the A. M. A. It recommended the increase of the psychopathic rooms in our state and other hospitals so that those with mental disease might receive more scientific study before being pronounced insane or criminals. It appointed a committee to inspect the Roosevelt Hospitals at Camp Custer and report upon its management and professional activities. There seems to be a feeling that a certain small coterie is endeavoring to institute pernicious measures in the administration of that hospital that is supported by state funds and prevent it being of the greatest possible benefit to our ex-service men.

The proposed new constitution and by-laws adoption was postponed for one year. In doing so the stage was destroyed for a possible argumentative battle which had evidently been planned by some delegates raising purely technical points and discrediting the integrity of men in the administration of the duties of the office to which they would be elected. In consequence of the postponed action there was no vestige of disagreement.

In our succeeding annual meetings the House of Delegates will devote the entire first day to its deliberations, thereby giving its members more opportunity to attend sectional meetings. It is regretable that all the delegates elected by county societies did not attend to their duties. A good many county societies were not represented. We would urge that in the election of delegates county societies insist upon selecting men who will accept the responsibility of county representation and acquit themselves of their duties.

Dr. Moll of Flint was elected speaker of the House and Dr. Balch of Kalamazoo, vice-speaker.

President Kay's annual address is published in this issue. It is one of the most constructive addresses we have heard. We do urge that every member will read it, ponder upon it, and take to himself the application of its recommendations. Surely, if that is done, our professional relationship with each other and the public will become more honorable and noble.

The inspiring address of Dr. Burton, President of the University of Michigan, was not only filled with inspiration, but also set forth his and the University's attitude to the public and the profession of Michigan. Those who were in doubt of his sincerity or hypercritical of his activities and plans before hearing his statement must have received a new light upon the University question and its relationship to the profession. We are indeed fortunate in having such a capable man at the head of our state institution at Ann Arbor. We shall publish Dr. Burton's address in a future issue, just as soon as we receive the reporters' transcript.

The Council conducted its routine business. It directed the Secretary to purchase lanterns for each section, so that the annual confusion regarding the obtaining of lanterns will be done away with and satisfactory lanterns be provided for each section. Dr. A. L. Seeley was elected as Chairman and Dr. H. E. Randall as Vice-Chairman of the Council. The Council will hold its mid-winter session in Ann Arbor.

The scientific program was splendid and well attended. We are very well acquainted with the section reporters who report the section meetings of the A. M. A. and other state societies and they commended the papers and discussions very highly, stating that the par-

ent national organizations never put on better symposiums. Our members also were loud in their praise. The section officers may well be proud of the expressed approval that attended their labors in arranging their programs.

The members of the Genesee County Society did themselves more than proud by their entertainment which excelled their previous high record. The Smoker with its vaudeville features and boxing and wrestling bouts, the President's reception with its specialty dancers and singers and splendid music, the automobile rides, the visit to the automobile factories, the informal receptions and dinners, the genial hospitality will ever make this meeting memorable. The flint stone arrow head may be the symbol of the town and its doctors, but it does not depict their hearts and cordiality which is mellow, warm and sincere. Would that the spirit that characterizes the members of the Genesee County Society existed in all our component societies. We are indeed grateful for all that our Flint brothers did and assure them that the success of the meeting was largely due to their spirit and hospitality. The meetings were all held in the Durant Hotel and to its genial manager who was up early and late to attend to our comforts do we also owe and express our thanks.

You stay-at-homes, who were by actual necessity compelled by circumstances to remain at home, we regret with you that you could not participate and receive the inspiration, profit and pleasure of this meeting. The other stay-at-homes are left just that much further in the rear of their professional brothers who were present. While the home-birds made a few extra shekels, their fellows who did attend, are going to far out-distance them in their professional activities and will rise higher in their community's estimation. No member who fails to attend his county and state medical meetings can ever hope to stand in the front ranks of doctors in this day of progress.

The minutes of the meeting will be published in full in our next issue. It was impossible to secure the stenographers transcript before going to press. Again we say—men of Flint, you did yourself proud and we are grateful.

A. M. A. MEETING—ST. LOUIS

The 73rd Annual Meeting of the American Medical Association that was held in St. Louis May 22-26 will go down as an epoch-making meeting. The advance strides made in the establishment of a Legislative Bureau at National Headquarters in Chicago, the establishment of a medical lay journal that will enlighten the public in regard to scientific medicine and which will be nation-wide in its distribution, the steps taken to improve medical education curriculums, and the planning of greater activities on the part of various Councils are the outstanding features.

The House of Delegates expedited its work and gave approval without dissenting discord. There were no wrangles, filibusters or dissentions. We would that we could give space to the reports and reference committee's action that occupied the attention of the delegates. We refer our readers to the Journal of the American Medical Association and urge that our members familiarize themselves with the activities of our national Association. If more of our members would secure for themselves such information there would be less unwarranted criticism. It may be stated that the officers and Councils and the Board of Trustees are actively and aggressively concerned with the interests of the individual practitioner and are persistently engaged in furthering his professional welfare. What is needed is more whole-hearted co-operation on the part of our members and a larger percentage of doctors who will affiliate themselves as fellows and members of our national body. The parent association may owe you something, but you in return owe it not only membership, but also individual support in the furtherance of its plans and purposes. As you subscribe this support, just in that measure will you secure returns that will produce personal dividends.

San Francisco was chosen as the place for the holding of the 1923 meeting. Dr. Wilbur of the Leland Stanford University was chosen as the President-elect. Your editor was honored by being elected to the office of Speaker of the House of Delegates. Michigan was ably represented by its delegates, Drs. Hornbogen, Wilson and Brook.

The scientific program was of high scientific interest and profit. It held the attention of the some 6,000 doctors who registered. The President's address was a masterpiece and a splendid plea for the ideals and activities of the Association.

The hospitality and entertainment on the part of the St. Louis profession was cordial and enjoyable with nothing left to desire. All in all it was a most successful meeting. On another page, in the minutes of our Flint meeting, the reader will find a more detailed report submitted by our delegates.

We desire once more to urge our members who are not fellows and members of the American Medical Association to join. All that is necessary is to send your application to the State Secretary. In return for your mem-

bership, you will receive all the benefits that are being secured for you by the activities of our national officers and The Journal of the American Medical Association which is the peer of all medical journals and which is mailed to you each week. You cannot afford to remain unaffiliated. You owe it to your associates to unite and support this national association. File your application now.

PRESIDENT W. T. DODGE

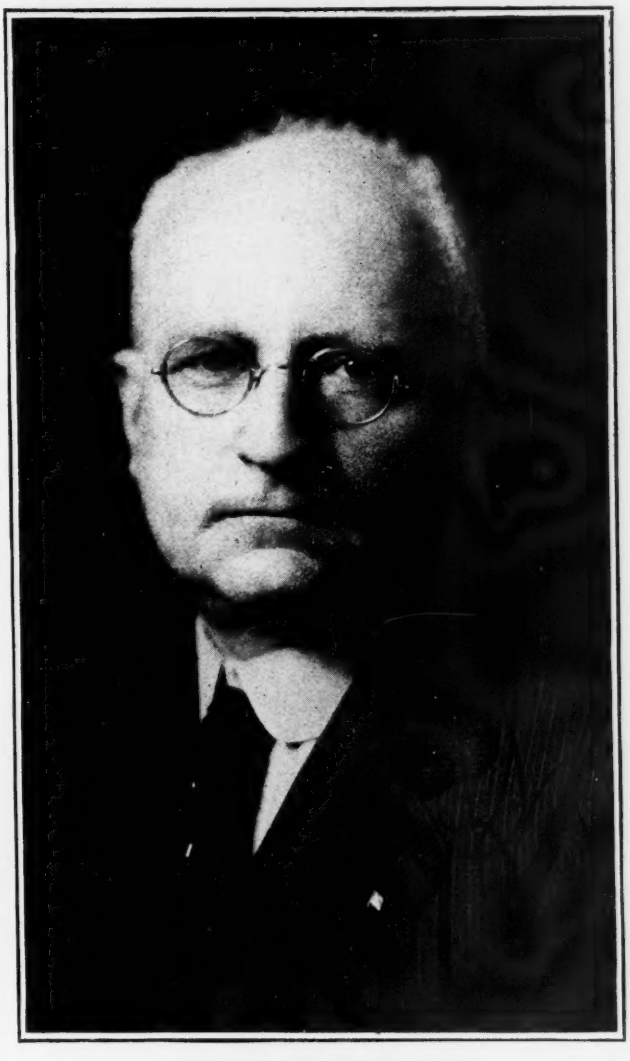
Without opposition and by unanimous vote, Dr. W. T. Dodge of Big Rapids was elected president of our Society for the ensuing year. In selecting its president for the coming year, the Society has justly recognized one who for over 20 years has been an active, constructive working member. One to whom we owe much for his labor and time devoted to the welfare of the profession in Michigan.

William Temperance Dodge, was born on April 2, 1860, in the village of Orangeville, Barry County, Michigan. While still in the public school, his parents moved to Imlay City, at which place he completed his high school studies. He entered the medical department of the University of Michigan and received his degree in Medicine from that University in 1880. His medical education was continued in a post graduate course that he pursued at Bellevue, New York, during the years of 1881-1882. In 1882 he located in Marlette, Mich., and practiced there until 1890, when he moved to Big Rapids, his present home.

The receipt of his diploma did not terminate his quest for medical knowledge. Dr. Dodge, has been a progressive student, and has ever kept abreast of the advancements that the years recorded. A splendid library is his, he has been a studious reader of current medical literature; he has made many visits to the clinics of this country as well as to some of those abroad. He has applied his knowledge in his dail work and his observations and experiences have formed valuable contributions to our literature in the articles that he has written and the discussions he has participated in at our local and state medical meetings. As a surgeon, he holds a splendid reputation and much of his time is devoted to consultation practice.

When our state Society was reorganized in 1901, Dr. Dodge was elected Councillor for the Eleventh District. For twenty years he has been a member of the Council and for a number of years served as its Chairman. It was during these twenty years that he contributed so largely to the Society's welfare by his judgment in the maintainance of constructive policies and the solution of presenting problems. No man has contributed more time, or labor to the Society and its interests than has Dr. Dodge.

Dr. Dodge was one of the founders of the American College of Surgeons. He served one term as member of the State Board of Registration in Medicine. He is a member of the Association of Military Surgeons. For a number of years he was a surgeon in the Michigan National Guard and finally was its Chief Surgeon. In 1897-98 he he was Mayor of Big Rapids. At various times he has held the highest offices in the Masonic lodges of Big Rapids and of the Commandery. During the World War, he was



WM. T. DODGE. M. D.

called to active duty and assigned to the Base hospital at Camp Sherman. He was Chief of the Surgical Service of the base hospital at that camp. As such, he won the confidence and the esteem of the officers at Camp Sherman and maintained a surgical efficiency that was frequently commended by his superiors and by the Surgeon General's office. Upon his discharge from the service, he returned to his practice in Big Rapids, where he enjoys the confidence and love of the people whom he has so long and faithfully served. He has been an active worker in the civic affairs of his community and has been the recipient of many honors from his fellow-citizens.

The law of life is the law of service. Dr. Dodge has exemplified that law. We hold him successful who has found or conquered a position in which he can bring himself into full play. Success is perfect or partial, according as it come up to, or falls below, this standard. And be it remembered what a man is—not what a man does—is the measure of success. Those who know Dr. Dodge, and his friends are counted by the hundreds in the profession, point to him and hold him as a man among men, because he typifies success.

As our President for the ensuing year, we go forth under a capable leader. We predict that by the exercising of his presidential authority, our Society will attain greater advancements, record greater accomplishments and establish policies that will enhance our combined interests. We pledge him our members' whole-hearted support.

FLINT TABLOIDS

The following are observations gathered while mingling among the doctors present:

Clear sky, hot sun, humid breezes caused a porous activity, but in no way lessened the enthusiasm. The weather was only a matter of relativity anyway.

The hotel arrangements were ample and modern. The service was very satisfactory. The manager was ever alert to attend to our comforts and there was no sign of extortion. Flint is fortunate in having such an efficient hotel man. Do they still call him "boniface?"

Dr. Evers, chairman of the Exhibitors and his committee deserve unstinted praise. They had a splendid class of exhibitors. This committee by persistent hard work, for which they receive scant thanks from those who are not aware of the work involved, sold exhibition space to the amount of $1,000. This is the largest return we have ever received and goes to defray the expense of the annual meeting, thereby obviating the drawing upon society funds. We congratulate and thank the Committee for their wonderful work.

If the state society ever creates the office of Official Entertainer, Dr. O'Neil, chairman of the Entertainment Committee, will be elected for life. His committee members were equally efficient.

President Miner and Secretary Marshall of the Genesee Society were omnipresent. They were ever ready to see that nothing was neglected.

Dr. "Shorty" Stewart, (with apologies) was a consistant mixer and was alert to the needs of all.

Councillor Randall and his associate, Dr. Blakely even forgot meal hours. Dr. Randall gave a most enjoyable dinner to the Council.

Women, sure they were there. Eighty-seven of them and they did not interfere with their husbands, as all good doctors' wives have been trained. They had their own entertainment features. The only time they sought us out was when they ran short of money. Let's have more of them at our next annual meeting.

Mr. Holler, Secretary of the Flint Chamber of Commerce gave a splendid inspiring talk at the County Secretaries' luncheon. Next year we are going to invite him to address the general session.

Dr. Olin West, Field Secretary of the A. M. A. was present and addressed the Council and the House of Delegates. Michigan took him to heart because he won us and we pledge him our support in his work.

Dr. Hornbogen of Marquette was re-christened. The papers re-named him Dr. "Hornblower."

The spirit of the meeting was fine. It existed in every nook and corridor of the hotel. You simply could not escape it.

Dr. Bird and his thirty-seven golf enthusiasts had a splendid tournament. Let us have such a match each year. Next year we are going to so arrange our work that we can cop the prize. The challenge goes forth now. Until then work for "birdies" and "eagles."

We didn't see any policemen in Flint.

Wonder if they have any? The Mayor, and he is some mayor, simply turned over the city and sent the police officers on a vacation. Doctors don't require watching.

The "Best Ever," "Nothing Like It In Years," "Arrangements Ideal," "A Live Bunch of Flint Docs," "The Best County Society In The State," "Never Saw Such Hospitality," "Scientific Papers and Discussions Never Equalled," "I Am Coming Every Year"—these and many more similar expressions were heard on all sides.

Dr. Burton claims he has red hair. Maybe. Anyhow we will concede he has sand in his gizzard. Then too, though he is a preacher, he has a fine line of cuss words. He did not tell us where that female ticket agent who called him a "kid" was stationed. We want to look her up, maybe she will rejuvenate some of our members.

President Dodge. The Grand Old (?) Man of the Profession in Michigan. A well deserved honor and by his election we do honor to ourselves. The only thing that can be said against him is that he plays a rotten game of golf and has a choice flow of language on the putting green.

After the crowd had departed a heavy rainfall and thunder storm occurred on the last day—about 8 p. m. The slate is clean. Thanks, Men of Flint. When can we come again?

ARE YOU FAIR TO YOUR PATIENTS?

We hear much about the state entering into the practice of medicine. We are burdened by criticisms pro and con. Group practice is receiving a share of criticism. Health officials and government welfare officers are being condemned for practicing medicine and providing treatment. The middle man, the man of ordinary average income, is voicing a cry of distress because he is unable to pay the price that he is being called upon to pay for the medical care and treatment of himself and his family. Welfare agencies and so-called "Uplift Movers" are listening to his call of distress and are seeking to provide means whereby his burden may be lifted. The blame is being laid at the door of the medical profession. Instances are being cited and they are multiplying in their number. Hence the inquiry, Are You Fair to Your Patients?

We confess no small degree of doubt. We are not in the position to boldly come forth in denial of the allegation that we are unfair. We are unable to assert with emphasis that the fault is not ours. We are citing instances that are being cited to us from time to time as demonstrative that doctors are not fair to their patients. In doing so we are conscious of the argument that we have large expenses, that we have invested time and money, that other professions charge what the traffic will stand, and similar arguments. On the other hand there are social and economic factors that likewise have a bearing and must be considered. It is admitted that we have two extremes of the argument and the question that presents is, what is the fair solution without imposition upon the doctor and without favoritism to the lay individual who requires our services. To arrive at that conclusion and to establish that principle seems to be the solution desired. How it may be attained we are not prepared to state though we may advance a few suggestions for the purpose of opening the discussion in the hope that we may cause a statewide consideration of the problem. Before doing so let us first cite some of the instances that have recently come to us and which are cited as basis for the above captioned allegation.

A man, family of five; earning $200 per month. Is charged $125 for a tonsillectomy plus $21 for hospital bill. Six weeks later school doctor says his other two children require removal of their tonsils. Doctor says he will do the two for $200 plus hospital bill of $42. Thereby causing him an expense of $388, almost two months salary in six weeks for three tonsilectomies. He still owes on a doctor bill six months previous for wife's confinement for which he received a statement of $75 plus an $82 hospital and nurse bill. A total of doctor and hospital expense in six months of $545, over one-quarter of his years' salary and possible additional doctors bills for the remaining six months. Query: Was this man soaked? In comparison to the confinement did the tonsilectomies require more skill and so command greater fees? Is $125 a fair fee for a tonsilectomy to this man? We recognize there are two sides to the question, but which is the fair one that is going to enable this man to maintain his independence and also permit the doctor to attend him as a private patient and not as one in a dispensary or state controlled clinic? That is the problem.

A man, with family of four; earning about $2,200 per year. Is taking care of his father. Eventually a diagnosis of cancer of the prostate is made in his father's case. The disease is well advanced with well marked metastasis. The family doctor advises against operation and gives as was right, an unfavorable prognosis. Along comes another doctor

who states that an operation might cure the father and induces the son to permit him to operate. The operation is done at home, though a hospital is but 10 blocks away. This doctor did nothing more than open the abdomen for the mass was not removable and the liver markedly involved. The patient dies in 48 hours. A bill for $175 plus nurses and other expenses is sent. Was the operating doctor fair to the patient and to the son? Did he operate solely for an unjustified fee? Will this son not be justified in demanding a state controlled clinic, where he can obtain freedom from such imposition?

We can continue citing numerous similar incidents, but to do so would consume more space than is warranted at this time. Every doctor can cite a dozen or more such instances where medical services have taxed the individual far beyond his ability to pay. Yes, we know that some will say that these cases fell into the hands of the wolves of the profession. We agree, but how are we going to prevent the constant repetition of such instances when the lay individual does not always have the opportunity or ability to separate the sheep from the goats? You and the rest of us suffer and are largely judged by the travesties perpetrated by the wolves. We advance the following solution that was suggested the other evening while discussing the problem.

1. That our State and County Medical Societies agree upon what is a fair minimum charge for professional services that may be required by individuals who have but a moderate salary and compose the great, so-called middle class of people.

2. That through the advertising columns of local papers these prices or charges be announced.

3. That the public statement be made that the members of the county medical society will base their charges upon that minimum schedule.

4. That the County Medical Society appoint an Appeal Committee to which a layman may appeal for the adjustment of any account over which there is any dispute as to exhorbitancy. That the doctor shall abide by the decision of this committee as to the just charge he shall make for his services.

This suggestion may not be perfect, but it has considerable merit. It is worthy of serious consideration as is the whole problem. One thing is certain and that is that we as a profession must solve this problem. If we do not and neglect or ignore it, ere we know the state, the county, the city, will, through its health officers or employed individuals, establish a state, county or city controlled clinic that will supply to the middle class high grade medical and surgical as well as hospital care. Once a clinic is established, it will rapidly extend and will do the bulk of the professional work of the community. There will be available plenty of doctors who will accept such staff appointments, make no mistake of that.

Remember also that the tendency of the day is that when any group of citizens cannot afford to purchase certain privileges, services or needed comforts the demand goes forth that the state supply to them that which they cannot now obtain. The state and county usually comply with the pressing demand of its citizens. We are fearful that we are on the eve of such a demand from the people. What are you going to do about it? We invite your discussion.

ADDRESS OF THE SPEAKER, DR. F. C. WARNSHUIS*

Members of the House of Delegates:

There is no duty or privilege more worthy of our consideration, at this the opening of our first session, than fittingly to express the honor and tribute we owe to those who have left the world better than they found it. On Oct. 21, 1921, just as the sunset waned, his life strings parted and Dwight H. Murray passed from this world to that other existence, we trust of light and love and joy. His achievements and service have been recorded in the archives of our Association. We pause at this time, in solemn reverence, to give expression to sentiments that cannot be adequately imparted in the cold type of the printed page.

It has been the privilege of many of you, as well as mine, to have known Dr. Murray for a decade or more and to have been associated with him in the activities of this House. During our periods of contact, in our discussions and deliberations, there was generated a feeling of respect and esteem for him who has departed. Unassuming in attitude and manner, void of all avariciousness, farseeing in calm, deliberate judgement, thoughtful and ever considerate of the opinions and rights of his fellow-man, eager to perceive wherein and whereby he might contribute to the greatest good of the majority, shunning the snares of the schemer and with a continued manifestation of a studied desire to subscribe his bit to the welfare of our Association, Dwight H. Murray rose to and attained a place among us that commanded the recognition that was manifested by our electing him on two occasions as Speaker of this House.

Thus, did we commune with a fellow-man

*Speaker's address, House of Delegates, American Medical Association.

whose memory we revere and cherish, whose death we mourn and whose demise has deprived us of his guiding wisdom and leadership.

There are five outstanding conditions that are related to our Association's individual members' welfare that present themselves for definite action at this session. They are:

EDUCATION OF PUBLIC REGARDING SCIENTIFIC MEDICINE

Medical journals, during the past year, have devoted much space to comment on the future of our profession, its relation to the public and state, its organizational activities, the lack of united effort and to an implied disagreement as to representation, policies and executive leadership. There has been a preponderance of criticism characterized by a lack of constructive recommendations. It may be presumed that these discussions and expressions reflect, to a degree, that a readjustment is at hand. Their authors apparently are unable to percieve definitely the direction or scope of our future relationship in the civic, industrial, social and communal intermingling. There is evident a needless anxiety over our present position and an unwarranted desire to bring about a spontaneous change, and within a space of a few months establish a new basis and policy for our interrelation and contact with the public and its institutions. Little cognizance is seemingly taken of the fact that stable realinements rarely follow revolutions; that reforms for the betterment of conditions are not, as a rule, the outcome of inconsiderate and injudicious precipitate action. He who in calm reflection ponders on the changes that are being gradually evolved in the affairs of life realizes that we as a profession must mold and build anew certain channels of intercommunication for the future and greater application of scientific medicine to the requirements of the people. That which we have, that which we practice, is not all obsolete and inadequate. No need presses for revolutionary action in regard to the present policies of this organization. Reconstruction and reorganization are, however, necessary in certain instances. Some of the advice, some of the proposed innovations and some of the suggested policies merit deliberate consideration; others are not worthy of even passing recognition. I am certain that your judgment and wisdom will manifest itself and find expression in the enactments of this House in the solution of these problems.

There is a palpable ignorance on the part of a large number of our members in regard to our organizational activities. They do not know what has, is, or will be achieved by delegated councils, committees and executive officers. This accounts for much of the criticism that has been made in ignorance and possibly inadvisedly. There is a manifest ignorance, likewise, on the part of our members in regard to what society and government as well as business have accomplished, is planning to accomplish and the policies they are pursuing. Again, there is a failure to recognize that the public's misunderstanding of our profession, the people's misconstruction of our purposes and their misinterpretation of our principles are due largely to their lack of information regarding scientific medicine, its achievements and its potentialities. It is our neglect and failure to keep them abreast of our progress and our failure to impart to them that which we have achieved that has created this situation. The public is twenty-five years behind the times in its information in regard to the scientific physician and his work today. For this we are largely and solely culpable, for we have been so concerned in the solving of our scientific problems, our research, our observations and the application of our principles that we failed to pause from time to time to impart to the public the progress made, and the results that were being attained from the application of our proved principles and methods. We were content and too willing to remain behind a curtain of reserve which today we recognize is an error, and to correct it is our pressing concern.

I believe that no more epoch-making action can be taken by this House during this session than to adopt a plan of activity that will undertake the education of the public and acquaint it with the established tenets of scientific medicine and the methods utilized by physicians in the prevention, eradication and treatment of human ills. This educational work must be based on the proposition that, in a democracy, health is a public concern. Sound public policy and private conduct will result only from sound public and private opinion and this will come only by getting to the men and women of this nation an adequate knowledge of the ascertained facts in regard to health and disease. We are only concerned with education and must rely upon the convincing power of the truth. We should send out teachers, not advocates.

We have a Council on Health and Public Instruction. I am not unmindful of that which this Council has accomplished. However, I cannot but feel that we have permitted its activities to remain subservient to other organizational interests. We have not sufficiently concerned ourselves with the true purpose and object of that Council and have not imparted instructions or provided funds whereby it could engage in a persistent, suc-

cessful, educational campaign. With due respect to the work of our other Councils, we have made this Council, the one which possesses the power to maintain and enhance our professional standing in the sight of men, the object of our least concern and interest. Into its deliberations there is not brought, except at annual formal conference, the trend of the advance or the difficulties of the first line of contact, those who attend at the bedside of the sick. In theory only it is fair to assume that its personnel receives the specter of the problems of the active practitioner, but has no direct contact with him or the demand that is made on him by the public. Time will not permit going into further detail. I am attaching hereto, for the Reference Committee's information, additional facts pertaining to the needs of this Council.

Upon deliberate and considerate thought I recommend that the following action be taken:

1. Enlarge this Council on Health and Public Instruction to ten members, and not less than five of its members to be active practitioners.

2. That the Board of Trustees be directed to make an appropriation for this coming year of not less than $75,000 to defray the expense of an active, constructive plan of public health instruction. That the Trustees, and again I am not unmindful of or discrediting the work of other Councils, if financial conditions make it imperative, be requested to cut other appropriations, retrench on the expense of or even discontinue the publishing of subsidiary medical journals and so clear the presses of the Association for service to this Council. Greater need exists for public health education and the acquainting of the public with the facts regarding scientific medicine than for certain medical journals that divert our activities. We must become more than a publishing house.

3. That the House of Delegates provide for an advisory committee to this Council, consisting of the President, the Secretary, the General Manager, the Speaker of this House and five delegates, no two of whom shall come from the same state, to meet not less than every three months for the formulation of plans of activity and the institution of field work that they and this Council should be directed to undertake with the greatest, safe expediency.

Many of our problems, problems that are creating so much of the unrest in and out of the profession, but all relating to scientific medicine, will be solved when we impart to the people the knowledge which they do not now possess. Hence the demand, the urgency, the need for the discontinuance of further temporizing methods, studies, surveys and theorizations. I am firm in the belief that this is our need and that the responsibility for the undertaking of that duty rests on you if you are concerned, as you must be, with acquitting yourselves of the trust imposed in you by those whom you represent.

HEALTH INSURANCE—GROUP MEDICINE

Compulsory health insurance never will and never can become an American institution. As our campaign of public education broadens, this fantastic, un-American machination and the fancies of its proponents will fail to arrest legislative attention and consideration or draw unto it public demand and support. There are other forms of medical practice, instigated, conducted and extended by individuals, groups and health and lay agencies that encroach on and mitigate against the interests of the individual doctor. Some of them merit endorsement and support. Others, however, require our emphatic and perhaps drastic denouncement. They are dependent, for success and extension on the members of our profession. Regretfully we recognize that many physicians, thoughtful only of self, place their services at the command of such agencies. Such practices must not be condoned.

As an organization we have a direct obligation to our members. Likewise our members have a direct obligation to the Association and to their associates. It is unreasonable to expect that your officers and committees can attain results without your co-operation and support. You cannot sit in the galleries and in inactive attitude expect the few, by their work in the arena, to vouchsafe to you freedom from trespass on your rights. Precedents and rules of guidance for each individual must be established and must be observed by the whole without exception or favor.

A code of ethics was formulated by our forefathers for their and our guidance. In certain respects the changes that the years have brought have rendered obsolete or inapplicable some of its rules and precepts. Group medicine and group clinics as well as state medicine have come and will grow. It is for us to revamp and revise and reconstruct that code of ethics so that it will today apply to the individual physician and specialist, and, further, that it will exert a supervising direction and control over these groups of associated practitioners and medical health officials.

To that end it is recommended that there be created a revising committee that will perfect such a revision of our established code and submit their report at our next annual session.

THE TRAINED NURSE AND THE NURSING PROBLEMS

During the past few years, and particularly the last two years, there has been much discus-

sion and considerable criticism by both professional and lay individuals of the trained nurse, nursing service, training school, curriculums for nurses and the nurse in health and industrial work. A study of these discussions, as well as personal experiences, causes one to feel that there is immediate need for the consideration of the entire subject of training schools, nursing education, hospital and graduate nursing service and the nurse's relationship to the patient, the doctor and the public. There is an inter-relationship that we cannot ignore. Our interests, the interest of the public and the future interest of the nurse, demand that we concern ourselves with this problem and expedite its satisfactory solution.

I am not unaware of the surveys and findings made and reached. I am also familiar with the attitude of certain nursing organizations and groups, and also with the ideals sought by lay leaders and organizations. Our profession has yet given no definite expres sion of its opinion and judgment. The time has come for us to do so and the public is desirous of receiving our findings and recommendations. I therefore recommend that you create a special committee, to be appointed by the President, with the advice of our Trustees, to make a thorough survey and study of the problems and submit its report and recommendation at our next annual meeting.

In connection therewith hearings should be accorded to all groups concerned in the providing of nursing assistance in the prevention and treatment of disease. Our Association should assert itself in formulating an acceptable status for the trained nurse, and the educational fundamentals requisite for her work of service.

SEMI-ANNUAL MEETINGS OF THE HOUSE OF DELEGATES

Some discussion has been engaged in as to whether our House of Delegates might not well meet at a time other than that during which our scientific assembly meets. To do so would be a serious error and would disassociate our membership solidarity. The question is naturally injected, Are not the affairs of our Association of sufficient moment and importance to warrant two meetings a year of this House? Would it not be advantagous, would it not materially aid in the solution of our problems and increase the scope and value of our organizational activities to hold a midwinter three-day session at our headquarters in Chicago? It would seem that such a plan would be advisable and result in maintaining a continuous scope of associational endeavor with no letup during the final two months waiting to ascertain what this House will do at its annual session. The suggestion is submitted for your consideration.

POLITICAL ACTIVITY

Legislatures, Congress and civic governments will continue with greater avidity to concern themselves with the problems of health and the work of physicians and health agencies. Health officers and health agencies are going to extend themselves to broader fields and are not going to be overconsiderate of the doctor unless he is represented in their councils and causes them to be not unmindful of his rights and work. It is with no little regret that we observe this tendency on the part of these health officials, some of whom even seek to warp to their support the prestige of our Association. When not successful they seek to attain their ends by national and state legislation. Our interests and that of the individual doctor, no matter what his location or position may be, must be conserved. We have too long been silent and permitted the individual doctor to remain the undefended party in the encroachments made on his professional labors by legislatures, Congress, insurance corporations, industry and organized medlers of so-called "uplift movements." The individual practitioner's interests warrant our deepest concern and his future welfare merits our solicitous and combined assistance. Willing as he always has been and will be to contribute his 100 per cent to the welfare of mankind, he should never again be made the victim and the object of such enactments as the Harrison Law, the Medicated Alcohol Rulings, the Sheppard-Towner Bill, and similar legislative enactments without our standing by his side and presenting in his behalf our associational influence and arguments for his protection against inadvised imposition and unjustified attack. Representation must be secured and made in his behalf for his individual interest is our collective concern:

Provision must be made to present his individual and the profession's collective rights and interests at all such future hearings that such bills in Congress may necessitate. In addition, this Association should and must aid our component state organizations in legislative matters arising in different states that affect the interests of our members residing in those states. Let us remember that what is stirring the world's heart, changing the face of the times and representing the form and working of the age is that intelligence, that sentiment, those thoughts and opinions whose written and spoken word is power. Such power is ours provided we formulate an acceptable ideal that will impregnate the activities of our associates in the readjustment of

medical contact with the people who compose our constituency.

Therefore, if in your deliberations you adopt the recommendation made regarding the Council on Health and Public Instruction and provide for greater activities on its part, I would then further recommend that this duty of representation in behalf of the doctor individually and the profession collectively be delegated to that Council and that it be charged to call to its support the Association's resources to present our interests and maintain our rights to their furthest ability in all such legislative proposals. A legislative bureau, national in scope and activity, should be established at our headquarters.

OFFICERS OF OUR ASSOCIATION

I cannot refrain (I would be remiss if I did) from expressing appreciation and tribute to the executive officers and Trustees of our Association. For some ten years I have been in more or less personal contact with them and each succeeding year the impression becomes firmer that they are laboring in our behalf to the fullest capacity that we permit them.

Particularly do I wish to pay respects to Dr. George H. Simmons, our General Manager and Editor. That which we are, the position that this Association holds in the world today, The Journal that we own and which is the peer in the entire world of all medical journals, our Chicago Headquarters, our financial stability and our organizational prestige, are due in large measure to the executive, perceptive and diplomatic ability that he possesses. I am sure that you join me in tendering to him our expression of appreciation and continued confidence. Combined with our gratitude we are fervent in the wish and hope that his years may be peaceful and long and kind ere he enter into the shadows of the foothills to rest in the eventide of life to await the final summons of that other world. As he carries on in our behalf until that time comes I want to assure him that we are indeed grateful for that which he has accomplished for our good.

CONCLUSION

This House is the open forum of the Association and its component organizations, which you as delegates represent. The floor of this House is open to every delegate for the discussion of the problems, the interests, the welfare and the future of your constituents and associates, as long as you conform to the provisions of our Constitution and By-Laws. It is not the place for the furtherance of selfish, clique or selected group interests. Mindful of all of which, I bespeak your cordial and frank co-operation in my endeavor to acquit myself of the duties that fall upon me as your Speaker during your deliberations in this, our Seventy-Fifth Annual Session.

COMMITTEE APPOINTMENTS

President Dodge has appointed the following committees to carry on our organizational activities during the coming year:

Public Health:

C. C. Slemons, Chairman, Grand Rapids.
J. H. Kellogg, Battle Creek.
E. C. Taylor, Jackson.

Legislation and Public Policy:

Arthur M. Hume, Chairman, Owosso.
Hugh Stewart, Flint.
F. B. Tibbals, Detroit.
A. W. Hornbogen, Marquette.
J. D. Brook, Grandville.

Venereal Prophylaxis:

Udo J. Wile, Chairman, Ann Arbor.
A. H. Rockwell, Kalamazoo.
J. L. Burkart, Big Rapids.

Tuberculosis:

J. S. Pritchard, Chairman, Battle Creek.
Wm. DeKliene, Saginaw.
Harlan McMullen, Manistee.
A. L. Ricker, Cadillac.
E. B. Pierce, Howell.
H. J. Hartz, Detroit.
B. A. Shepherd, Kalamazoo.

Civic and Industrial Relations:

G. E. Frothingham, Chairman, Detroit.
C. D. Munroe, Jackson.
R. H. Nichols, Holland.
W. H. Sawyer, Hillsdale.
C. D. Brooks, Detroit.
Isaac Polozker, Detroit.
Guy Johnson, Traverse City.
R. C. Stone, Battle Creek.
W. H. Marshall, Flint.

Medical Education:

Hugh Cabot, Chairman, Ann Arbor.
W. H. McCracken, Detroit.
Richard R. Smith, Grand Rapids.

On Roosevelt Hospital, Camp Custer:

Wm. S. Shipp, Chairman, Battle Creek.
H. A. Haynes, Lapeer.
Geo. H. Lynch, Big Rapids.
J. D. McCoy, Cass City.
E. S. Nesbit, Grand Rapids.

COUNCIL COMMITTEES

Chairman Seeley, of the Council, announces the appointment of the following Council Committees:

Committee on Finance:

C. T. Southworth, Monroe.
H. E. Randall, Flint.
C. C. Clancy, Port Huron.
W. H. Parks, East Jordan.

Committee on Publication:

J. B. Jackson, Kalamazoo.
R. C. Stone, Battle Creek.
J. McLurg, Bay City.
R. S. Buckland, Baraga.

Committee on Society:

F. B. Walker, Detroit.
L. W. Toles, Lansing.
W. J. DuBois, Grand Rapids.
Frank Holdsworth, Traverse City.

MINUTES OF THE COUNCIL

FIRST SESSION

The Council of the Michigan State Medical Society held its meeting in the Durant Hotel in Flint on June 7th at 5:00 P. M. The following Councillors were present: Chairman W. J. DuBois, Drs. C. C. Clancy, W. T. Dodge, A. L. Seeley, J. B. Jackson, R. C. Stone, F. B. Walker, H. E. Randall and C. T. Southworth. In addition to the members of the Council there were present: President W. J. DuBois, Dr. A. P. Biddle, Dr. J. B. Kennedy, Field Secretary of the American Medical Association, Dr. Olin West and the Secretary-Editor.

The Chairman of the Council presented his annual address, which was discussed paragraph by paragraph. Amendments were made and added throughout and the final report adopted on motion of Dr. Dodge, supported by Dr. Seeley. (See minutes of the House of Delegates for Annual Report.)

Dr. Olin West, Field Secretary of the A. M. A., addressed the Council on the activities of the American Medical Association and particularly that of his office as Field Secretary.

The Council upon adjournment was entertained at dinner by Councillor Randall of Flint.

ANNUAL MEETING OF THE COUNCIL

The Annual Meeting of the Council was held in the Durant Hotel in Flint at noon, June 9, 1922. There were present the following Councillors: Chairman W. J. DuBois, Drs. C. T. Southworth, R. C. Stone, L. W. Toles, C. C. Clancy, H. E. Randall, A. L. Seeley, F. B. Walker and J. B. Jackson. In addition there were present President W. J. Kay and President-elect W. T. Dodge.

A number of County Secretaries were present at luncheon as the guests of the Council.

Mr. C. H. Holler, Executive Manager of the Flint Chamber of Commerce, addressed the Council and secretaries on organizational activity. This was followed by an informal discussion by the Council with the secretaries. The secretaries then adjourned and the Council went into executive session.

On motion of Councillor Seeley, supported by Councillor Toles, the Secretary was instructed to purchase lanterns for the use of the sections.

On motion of Councillor Southworth, supported by Councillor Jackson, the Secretary was instructed to pay only the hotel expenses of guests invited to read papers before the several sections of the State Society.

On motion of Councillor Southworth, supported by Councillor Walker, the Secretary was instructed to pay sixty per cent of the railroad and hotel expenses of our delegates to the San Francisco meeting of the American Medical Association.

On motion of Councillor Southworth, supported by Councillor Toles, the Secretary was instructed to forward a check for $855.00 to the Chairman of the Legislative Committee.

On motion of Councillor Walker, supported by Councillor Randall, the Secretary was authorized to pay fifty per cent of the railroad and hotel expenses of the members of the State Society who delivered lectures under the Joint Committee on Mdical Education.

On motion of Councillor Clancy, supported by Councillor Walker, the action of the Council, held in special session February, 1922, regarding collection of a special fund be rescinded.

On motion of Councillor Seeley, supported by Councillor Randall, the secretary's office expense was increased $75.00 per month.

The Council then proceeded with the election of officers and Dr. Seeley was nominated as Chairman by Councillor Randall, supported by Councillor Walker. There being no other nominations, Dr. Seeley was elected Chairman of the Council for the ensuing year.

On motion of Councillor Stone, supported by Councillor Clancy, Dr. H. E. Randall was elected as Vice-Chairman of the Council.

On motion of Councillor Randall, supported by Councillor Southworth, it was resolved to hold the mid-winter meeting of the Council in Ann Arbor, Michigan, at such time and date as might be determined by the Chairman of the Council.

The Council then adjourned.

CONGRESSIONAL MEDICAL LEGISLATION

A. 1. Hospitals for Veterans. H. R. 11547. Passed House May 5, 1922; passed Senate May 6, 1922.

This bill appropriates $12,000,000 for additional hospital facilities for the United States Veterans' Bureau. It also authorizes the director of the United States Veterans' Bureau, with the approval of the President, to incur additional obligations not to exceed $5,000,000, for hospital purposes. This bill is supplemental to H. R. 10864, which became a law on April 20, 1922, and which authorized an appropriation of $17,000,000 for additional hospital facilities. (See Statement No. 24, page 1.)

In the report of the Committee on Appropriations the following outline of the hospital facilities to be acquired is given:

DISTRICT No. 1

New England area; neuropsychiatric cases, 500 beds, $1,500,000.

DISTRICT No. 2

New York, New Jersey and Connecticut; tuberculosis cases, 550 beds; general cases, 150 beds; total beds, 700; $2,100,000.

DISTRICT No. 4

West Virginia, Virginia, Maryland and District of Columbia; general cases, 250 beds, $750,000.

DISTRICT No. 5

North Carolina, South Carolina, Georgia, Florida and Tennessee; general cases, 200 beds, $600,000.

DISTRICT No. 6

Louisiana, Alabama and Mississippi; neuropsychiatric cases, 350 beds, $1,050,000.

DISTRICT No. 7

Ohio, Indiana and Kentucky; neuropsychiatric cases, 500 beds, $1,500,000.

DISTRICT No. 8

Illinois, Michigan and Wisconsin; neuropsychiatric cases, 1,000 beds, $3,000,000.

DISTRICT No. 9

Missouri, Kansas, Iowa and Nebraska; neuropsychiatric cases, 500 beds, $1,500,000.

DISTRICT No. 10

Minnesota, North Dakota, South Dakota and Montana, neuropsychiatric cases, 500 beds, $1,500,000.

DISTRICT No. 12

California, Arizona and Nevada; tuberculosis cases, 500 beds, $1,500,000.

DISTRICT No. 13

Washington, Idaho and Oregon; neuropsychiatric cases, 250 beds, $750,000.

DISTRICT No. 14

Oklahoma, Texas and Arkansas; neuropsychiatric cases, 200 beds, $600,000.

TOTAL BEDS PROPOSED BY ACT

Tuberculosis, 1,050 beds	$ 3,150,000
Neuropsychiatric, 3,800 beds	11,400,000
General Cases, 600 beds	1,800,000
Total (5,450 beds)	$16,350,000

A. 2. Habit-Forming Drugs. H. R. 2193. Passed House May 4, 1922. Referred to Senate Committee on Finance, May 5, 1922.

This bill amends the Opium Acts of February 9, 1909, and January 17, 1914. The bill would create a Federal Narcotic Control Board to consist of the Secretaries of State, Treasury, and Commerce, but the administration of the bill would be entrusted to the Treasury Department. Importation of narcotic drugs into this country or its territories would be unlawful except in the case of crude opium and coca leaves for medicinal use as permitted by the Board. Suitable regulations controlling such importation would be prescribed and duties provided. Drugs seized under provision of the Act, due to illegal entry, would be turned over to the Board for medicinal purposes. Exportation of narcotic drugs other than smoking opium, which is absolutely prohibited, would be permitted only to countries having ratified the International Opium Convention of 1912. Penalties are provided for infractions of the law.

A. 4. Pay of Army, Navy, and Public Health Service. H. R. 10972. Passed the House May 12, 1922.

This bill was brought up for consideration under a special rule in the House May 8, 1922, and after being debated, was passed on the 12th. An amendment proposed by Miss Robertson, which increased subsistence rates for nurses from 60 cents to $1.20 a day was adopted. Rent money for nurses was raised from $40 to $60 a month. It is estimated that the total ultimate savings by the regulation of pay included in the provisions of the bill will reach $27,500,000. A complete summary of this measure will be found in Statement No. 21, page 1.

B. 3. Construction Rest Camps for Disabled Soldiers. H. R. 11592. Introduced by Representative Gallivan May 9, 1922. Referred to the Committee on Buildings and Grounds.

Five million dollars is appropriated by this measure for the acquiring of sites and the construction of rest camps in the various districts of the United States Veterans Bureau in order to benefit disabled ex-service men.

B. 4. Acquiring of Sites for Hospitals and Sanatoriums. S. 3576. Introduced by Senator Stanley of Kentucky, May 9, 1922. Referred to Committee on Public Buildings and Grounds. H. R. 11588. Introduced by Representative Kincheloe of Kentucky, May 9, 1922. Referred to Committee on Public Buildings and Grounds.

These two bills introduced simultaneously in the Senate and the House are identical in language and provide for the protection of the United States government in the acquisition of sites for federal hospitals and sanatoriums by condemnation.

B. 5. Establishment of Physical Training Department at West Point. H. R. 11550. Introduced by Representative Morin May 4, 1922. Referred to the Committee on Military Affairs.

This measure provides for the establishment of a separate department of physical training at the United States Military Academy at West Point with an instructor whose exclusive duties shall be to teach physical training to the cadets at the institution.

C. STATE HEALTH LEGISLATION

C. 1. Summary of 1922 Legislation.

The legislatures of nine states convened in January, 1922, and, except for that of Massachusetts, adjourned about the first of April. The Massachusetts legislature continues in session until the middle of the summer and the Louisiana and Georgia legislatures meet in May and June, respectively. During the legislative sessions between January and April of this year, the United States Public Health Service issued six bi-weekly bulletins on state health legislation, with the co-operation of the National Health Council. In these six bulletins about 350 bills concerning some phase of public health were abstracted. Approximately 100 of them were passed by the nine legislatuers. It is estimated that not less than 10,000 bills on all subjects were introduced in these legislatures, though only a small per cent became laws. It is obviously too great a task to attempt to give here a complete summary of the 1922 state health legistion, but a brief review is presented. This resume is taken from such information as we have been able to gather and is probably not entirely complete or comprehensive.

CHILD WELFARE

A number of states accepted the Federal Maternity and Infancy Act (see C. 2 below). Massachusetts rejected a bill for this purpose, as did also New York. In the latter state, however, a bill was passed providing $130,000 for the protection of the health of mothers and infants and placing the administration of this work in a new Division of Maternity, Infancy and Child Hygiene of the State Department of Health. In Virgina, a group of bills dealing with various aspects of child welfare proposed by the Children's Code Commission were passed. A bureau of child hygiene was created in the Maryland State Health Department. In New York a midwife licensing law was passed and several bills concerning maintenance and commitment of children became laws.

FOOD AND DRUGS

Many bills concerning these subjects were introduced. Mississippi turned down a bill requiring physical examination of food handlers. Virginia transferred sanitary inspection of hotels from the State Health Department to the State Dairy and Food Commissioner. Bills prohibiting blending of milk with fats other than milk fats were introduced in most of the states. New York passed such a law. New Jersey passed a similar law with reference to condensed milk and also set standards for ice cream. Massachusetts passed a bill relative to fish but turned down a number of other food control bills. Maryland licensed bottlers of soft drinks and passed a poultry control bill. New York amended its Farms and Markets law re adulterated food; and also passed milk, butter and other food laws.

HOSPITALS

Several bills relating to hospitals were passed. New Jersey authorized county contagious disease hospitals. Sites for Federal hospitals were authorized in Kentucky and New York. The latter state provided for public general hospitals (Chap. 265). (See also under Tuberculosis below.)

MENTAL HYGIENE

Bills relating to care of the feeble minded were introduced in a number of states and several are now pending in Massachusetts. Mississippi appropriated money for Hospitals for the Insane.

NURSES

Several bills relating to nursing are now pending in Massachusetts. Maryland required licensing for practical nurses and gave credit to nurses

for training in schools of public health. New York passed a law to waive examination of nurses having certain qualifications.

PRACTICE OF MEDICINE AND OTHER HEALING PROFESSIONS

Quite a number of medical practice acts were introduced, but few passed. The chiropractors were active and bills to license members of this cult were introduced in practically all the states, but without success. Several bills concerning osteopathy were not passed. Pharmacist bills passed in Kentucky and Maryland. An amendment to the optometry law was adopted in Maryland, and regulations for optometrists were passed in New York. A chiropody law was also passed in this state, as were midwife, veterinary, and dentistry laws. New Jersey provided for an Inspector of the State Board of Medical Examiners.

TUBERCULOSIS

New Jersey passed two important laws on this subject, allowing county freeholders to establish tuberculosis hospitals (Chap. 269) and stating requirements of the superintendent (Chap. 278). New York provided for tuberculosis hospitals in its general hospital law (Chap. 265), already mentioned above, and also established departments of occupational therapy in tuberculosis and general hospitals. Maryland passed a bill regarding reporting and control of this disease. Virginia appropriaied $15,000 for a clinic of doctors and nurses in a bureau of tuberculosis education of the State Board of Health.

VENEREAL DISEASES AND SOCIAL HYGIENE

Bills requiring physical examination before marriage, which were introduced in a number of states, were not generally successful. A number of bills prohibiting druggists from selling venereal disease remedies except on physicians' prescription, were also introduced. Mississippi appropriated $16,000 to fight these diseases.

MISCELLANEOUS

Anti-vivisection and anti-vaccination bills in several states were, as usual, killed. Water supply bills were passed in New York and other states. State Health appropriation bills were generally passed. New Jersey passed a law concerning membership on its State Board of Health. Vital statistics measures passed in Kentucky and Virginia. Acts relating to municipal health were passed in several instances.

C. 2. The States and the Federal Maternity and Infancy Act.

According to the Unitel States Children's Bureau forty-one states have now accepted the provisions of the Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy, which became a law on November 23, 1921. Ten of these states (Delaware, Kentucky, Maryland, Minnesota, Mississippi, New Hampshire New Jersey New Mexico, Oregon and Virginia) accepted the act by legislative enactment, while the remaining thirty-one adopted it by proclamation of the governor in the absence of a legislative session. The states which have not accepted the act are: Louisiana, Maine, Massachusetts, Nevada, New York, Rhode Island and Washington. On April 18, 1922, the Federal Materity and Infancy Board approved the plans of twenty-three states for the administration of the act. (See Statement No. 25, page 2.) The Attorney General of Massachusetts has recently declared his opinion that the Federal Maternity Act is unconstitutional. A copy of this opinion is reproduced in the United States Congressional Record of May 11, 1922 (pages 7371-7374).

A. 5. The Federal Maternity and Infancy Act. Opinion of the Attorney General of Massachusetts.

Forty-two states have now accepted the terms of the Act for the promotion of the welfare and hygiene of maternity and infancy. (See Statement No. 26, page 12.)

Since the recent opinion of Attorney General J. Weston Allen of Massachusetts, declaring this act to be unconstitutional is of interest to sanitarians, we are including an abstract of it. This opinion, of course, has no effect at law. If Massachusetts should bring a suit in equity against those Federal officials charged with the administration of the act, the United States Supreme Court, having original jurisdiction, would try the case and decide the constitutionality of the act.

The attorney general, in presenting his opinion to the Massachusetts legislature, argues that:

(a) The Constitution does not give the Federal Government power to regulate the internal affairs of any state such as would occur in the enforcement of the Maternity and Infancy act, whereby the U. S. Children's Bureau would actually have control of internal affairs of the states.

(b) The act vests in the Federal government certain powers relating to maternity and infancy that manifestly fall within the scope of the police power reserved specifically to the states in the Constitution by the Tenth Amendment.

(c) It is illegal for the state government to yield powers granted to them by the Constitution and such powers can only be granted to the Federal government through an amendment to the Constitution.

(d) The act cannot be legalized upon the ground that it comes within scope of the "general welfare clause" of the Constitution, as this clause conferred no power on Congress to enact legislation for general welfare, but was placed there to limit the taxing power of the Federal government.

(e) The Maternity and Infancy statute is not an appropriation measure, but an attempted exercise of power over maternity and infancy, and is not even for the general welfare of the United States, but only for certain states.

Many cases and court decisions are cited in support of this reasoning. A complete copy of the opinion appears in the Congressional Record for May 11, 1922, beginning on page 7371.

Editorial Comments

Though the summer months are at hand and many of our societies have adjourned their meetings until fall, we urge that organizational associations be not permitted to lie dormant until fall. Why not a county picnic, or better, a picnic with your neighboring county? Besides a pleasant outing and relaxation, valuable friendships may be cemented. In place of talking pills, splints, tumors and bacteria, talk about your relationship to the public and lay your fences to obtain the support of your represenatives in the legislature. We hope to hear of many such outing days arranged for by the suitable committee from each society.

Emanating from the success of the Woman's Auxiliary of the State Medical Association of Texas, theer was organized in St. Louis during the A. M. A. meeting a Woman's Auxiliary to the A. M. A. The object of this auxiliary is: To extend the aims of the medical profession through the wives of doctors to the various women's organizations which look to the advancement in health and education. To assist in entertainment at all medical conventions, to promote acquaintanceship among doctors' families, so that closer fellowship may exist. Officers were elected

and an active campaign of nation wide organization of these auxiliaries is being undertaken.

We believe the plan a splendid one and trust that ou rcounty societies will further the movement. Tell your wife about it and get her to get the wives of the other doctors in your county interested. Details and information may be secured from Mrs. H. L. D. Kirkham, Corresponding Secretary, 3711 Mount Vernon, Houston, Texas.

The Red Cross has still millions of dollars of war funds on hand. The war is over and the demands for Red Cross relief is rapidly disappearing. The Red Cross officials have been receiving lucrative salaries and of course are loath to relinquish their positions, as they must do if there is nothing to occupy their time. Hence they are casting about for avenues of activity and seemingly have concluded to establish free clinics for the treatment of the people. Extended plans for the conduct of such clinics and the scope of their activities have been formulated. The House of Delegates of the American Medical Association has gone on record that such activity on the part of the Red Cross is unwarranted and is without the scope of that organization's object and purpose. We add our protest to that of our national association and urge our members to record with the Red Cross our emphatic disapproval of their proposed plan.

An Act to Provide for the Dissemination of Legal Information and to Prevent Litigation in the State of Michigan.

Provides for a central state bureau at Lansing.

For a legal information center in every county seat.

For officials, traveling lecturers and office help.

Making it possible for any citizen to secure the very best legal advice from state paid officials in his own county seat free of all charges and expense.

Shake something like this over a few heads.

It would take like a prairie fire.

People would vote for it.

Politicians would fight for it.

It would turn the public eye from three dollar imaginary "mysticism" to the mysterious extortions of another profession.

Say, it is a mighty good thing. If we get state medicine we will have free law advice.

It would give the honest physician more time to look after his patients, for he would not have to worry so much about the fences at Lansing.

And, by Gee-ee-ee, I could start it by just writing ten letters.

Had a lot of stuff partly ready, but have been ill with the real Flu and could not get my manuscript in even decent green ink form. I had some horrible rides to make, and it is getting me. Summer resort doctors here now when the roads are good and I get plenty of rest.

Doctors, for heaven's sake, quit pleading guilty. You have saved many lives, and now they are trying to make you apologize for it. It is quite likely some should have been allowed to go, but leave that to God, He will get them in time, and if He don't they may call you again.

Cut out that mysticism stuff. What physician should be accused of that? If we do not tell every dead beat, grafter or would-be healer what we use and the doses, they holler that we ought to educate the public. Well, who paid for the little we know? They did not, and they do not intend to pay for it if they can get some way provided to get your best services for nothing.

The average physician is an honest man. The best way to stop this clamor is for him to look the judge squarely in the face and say: "Not guilty."

Then the costs will be assessed to the people as usual, and the doctor can go back to his collections.

Our duty is to our patients. Good practice will hold our patients.

But—you can't watch the politicians too closely. It may be necessary for some of you to sleep with them, but have something in your vest.

"JACK PINES."

Deaths

Doctor Frances A. Rutherford was born in 1839 and died in Grand Rapids May 24, 1922, from cerebral hemorrhage. She was graduated from the Woman's Medical College of Pennsylvania in 1868 and was in practice in Grand Rapids for more than a half century. The doctor was formerly obstetrician and gynecologist to the Blodgett Memorial Hospital. She was a member of the Kent County Medical Society, the Michigan State Medical Society, and the American Medical Association.

Doctor Arthur M. Gerow was born in 1845 and died in Cheboygan May 21, 1922. He graduated from the Medical Department of the University of Buffalo in 1868.

Doctor Charles Douglas was born in Streetsville, Ontario, in 1843 and died in Detroit May 26, 1922. He graduated in medicine from the University of Toronto in 1864. The doctor came to Detroit in 1876. He was a pioneer in the specialty of children's diseases. He belonged to the Wayne County Medical Society, Michigan State Medical Society and American Medical Association. He is survived by four daughters, Mrs. Donald (wife of Dr. W. M. Donald of Detroit), Mrs. Campbell (wife of Dr. Don M. Campbell of Detroit), Miss Kathleen Douglas of Detroit, and Mrs. J. T. Lee of Chicago.

Doctor R. E. Finch was born in 1849 and died in Gladwin April 28, 1922. He licensed in Michigan in 1900.

Doctor William J. Duff, Health Officer of Port Huron for the past eight years, died suddenly of angina pectoris on May 26th.

He was born in Pittsburgh, Pa., in 1856, and came to Port Huron in 1868. He was a graduate of the Michigan University Medical School in 1885, and was a member of the Michigan State Medical Society.

As a physician he was kindly, painstaking and able; as a health officer, very efficient; as an American, he was unusual in his devotion to and his love for his country. His patriotism never for an instant fell below one hundred per cent.

State News Notes

COLLECTIONS

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

Position wanted—Harper Hospital Graduate, 1921, now taking P. G. work in office management and surgical technic, is open for position. Address 3380 Hudson Ave., Detroit, Mich.

Old established practice for price of real estate. Terms. Address G. H. S., 4602 Mt. Elliott Ave., Detroit, Mich.

Wanted—A few Book Agents to sell the new "Crowning Edition" of the celebrated "Book on the Physician Himself." Rare chance. Address the author, D. W. Cathell, M. D., Emerson Hotel, Baltimore, Maryland.

Dr. C. W. Walker has located in Iron Mountain.

Dr. L. W. Haynes was recently elected a member of the Detroit Athletic Club.

Dr. A. N. Collins of Detroit sailed, June 10, 1922, for a several months' trip abroad.

Dr. Crane of Kalamazoo has returned from a three months' visit to European clinics.

Dr. and Mrs. W. J. Mullenhagen of Detroit, announce the birth of a son, Walter Jr., on May 26, 1922.

Miss Margaret Walker, daughter of Dr. and Mrs. Frank B. Walker of Detroit, was married June 26, 1922, to Mr. G. M. Hawthorne.

Mr. Ralf P. Emerson, son of Dr. and Mrs. Justin E. Emerson of Detroit, was married, June 17, 1922, to Miss Sarah W. Davis of Lapeer.

Dr. Max Ballin read a paper on "Goitre from an Etiological Point of View," before the Detroit East Side Physicians' Association, April 20.

Ernest E. Welch was convicted of practicing medicine without a license May 19, in the Recorders Court, Detroit.

Dr. T. A. McGraw read a paper illustrated with lantern slides on "Endocrinology," before the Highland Park Physicians' Club, May 4.

Dr. P. L. Marsh of Ann Arbor read a paper on "The High-Fat Diet Treatment of Diabetes," befort the Wayne County Medical Society, May 29.

Dr. Henry Carstens was elected Chairman and Dr. Douglas Donald Secretary at the May 29th meeting of the Medical Section of the Wayne County Medical Society.

One hundred and fifty-one students took the primary and 79 the final examinations given by the Michigan State Board of Registration in Medicine at Ann Arbor, June 13, 14, 15, 1922.

Mrs. Steinbrecker has recently donated to the Library of the Wayne County Medical Society, some 300 volumes from the library of her husband, the late Dr. A. H. Steinbrecker.

Dr. Robert B. Harkness of Houghton was recently appointed a member of the Michigan Advisory Council of Health by Gov. Groesbeck. He succeeds the late Dr. J. G. Turner.

Books have recently been presented to the Library of the Wayne County Medical Society by Doctors Belle Warner, H. M. Rich and H. E. Safford.

Dr. H. Lee Simpson read a paper on "Anatomy and Surgical Pathology of Nose and Accessory Sinuses in Relation to Medicine," before the Detroit Academy of Medicine, May 9.

Dr. Joseph C. Bloodgood of Baltimore is one of 10 men selected from 20,000 alumni of the University of Wisconsin for a place in the Wisconsin Hall of Fame.

Dr. Udo J. Wile of Ann Arbor was elected Secretary-Treasurer of the American Dermatological Association at its annual meeting, held in Washington, D. C., May 2, 3, 4.

At the annual election of the Wayne County Medical Society, held May 15, Dr. W. M. Donald was elected President; Dr. W. J. Stapleton, Vice President, and Dr. B. C. Lockwood, Secretary.

The wedding of Dr. Rowland F. Webb and Miss Lois Mary Lillie is announced. The Doctor and his bride are spending their honeymoon in Europe and will return to Grand Rapids about September 1.

An obstetrical department has been opened recently at the Henry Ford Hospital, Detroit, under the direction of Dr. Everett D. Plass, formerly Associate Professor of Obstetrics at Johns Hopkins Medical School.

The Board of Regents of the University of Michigan appointed, May 26, Professor Howard L. Lewis, (Instructor in Physiological Chemistry in University of Illinois) to the Chair of Physiological Chemistry in the University of Michigan.

The Pennsylvania Bureau of Medical Education and Licensure voted, May 4, not to accept by reciprocity any physicians licensed in Illinois during 1921, because of the irregularities reported in granting licenses during that year.

The following officers were elected May 11, by the Detroit West Side Physicians' Association: Dr. H. P. Doub, President; Dr. G. A. Wilson, Vice President; Dr. Frank Weiser, Secretary, and Dr. H. D. Harm, Treasurer.

Dr. Don M. Campbell read a paper on "Diseases of the Eye in Relation to Systemic Disease," and

Dr. Emil Amberg on "Preventive Measures in Deafness in Children," before the Detroit West Side Physicians' Association, May 11.

At the Annual Meeting of the Detroit East Side Physicians' Association Dr. A. G. Huegli was elected President; Dr. R. Bolazny, Vice President; Dr. H. L. Clark, Secretary Dr. L. O. Geib, Treasurer and Dr. William Hipp, Member of the Board of Control.

The Detroit Diagnostic Hospital, Jefferson Ave. East, is expected to open its new building early this fall. The following physicians are connected with it: Drs. C. G. Jennings, J. W. Vaughan, T. B. Cooley, P. F. Morse, E. R. Witwer, A. F. Jennings, C. F. Thomas and W. C. Cole.

Four chiropractors (C. L. Tennant, Z. B. Mead, H. F. McKnight and Florian Palmer) who were recently convicted in the Detroit Municipal Court of practicing medicine without a license, were each fined $200 or four months in the Detroit House of Correction by Judge Keidan, June 15.

Dr. C. L. Stevens of Athens, Pa., recently presented the Library of the Wayne County Medical Society with a number of issues of the Pennsylvania Medical Journal, practically completing the files of that Journal. Doctors Bell and Ray Connor also have made donations recently to the library.

The Michigan State Homeopathic Medical Society held its Annual Meeting May 11, in Ann Arbor. The following officers were elected: Dr. T. G. Yoemans of St. Joseph, President; Drs. Guy Alway of Ann Arbor and H. S. Carr of Niles, Vice Presidents, and Dr. M. Al A. Darling of Detroit, Secretary-Treasurer.

Dr. L. J. Hirschman read a paper on "The Surgical Treatment of Constipation," and Dr. W. D. Ford, on "The Medical Treatment of Constipation," before the Detroit Medical Club, May 18. Dr. F. T. F. Stephenson was elected President; Dr. C. E. Simpson, Vice President, and Dr. Stuart Wilson, Secretary-Treasurer, May 18.

The Michigan Association of Industrial Physicians and Surgeons, at its Annual Meeting held in Flint, June 7, 1922, elected Dr. Guy L. Kiefer of Detroit, President; Dr. C. S. Gorsline of Battle Creek, Vice President; Dr. G. C. Pemberthy of Detroit, Secretary-Treasurer and Dr. T. F. Heavenrich of Port Huron, Director.

The Michigan Health Officers Association held its Annual Meeting in Flint, June 8, 1922, and elected the following officers: Dr. Guy L. Kiefer, Detroit, President; Dr. David Littlejohn of Ishpeming, Vice President; Dr. W. J. V. Deacon of Lansing, Secretary-Treasurer, and Dr. R. M. Olin of Lansing, Delegate to the American Public Health Association.

The Annual Meeting of the Academy of Surgery of Detroit was held, May 14. The following officers were elected: Dr. Max Ballin, President; Dr. A. W. Blain, First Vice President; Dr. Charles Kennedy, Second Vice President, and Dr. W. W. Barrett, Secretary-Treasurer. Dr. C. G. Darling of Ann Arbor read a paper on "The Importance of Early Operations."

Flint board of education has voted to install complete dental and health clinics, and to maintain a staff of nurses under the direction of a school physician, and two dentists, for the care of Flint school children. Medical and dental examinations of school children have been carried on here previously by the city health department. Clinic equipment is to cost $25,000, it is said.

On June 9, Dr. L. J. Hirschman of Detroit gave a clinic at the University of Buffalo, illustrating Local Anesthesia in Ano-Rectal Diseases. On July 6, 7 and 8, Dr. Hirschman will hold a clinic in Spokane, Wash., before the Pacific Northwest Medical Association. On July 11, he has been invited to address the Portland, Oregon Medical Association, and will speak on "The Present Status of Local Anesthesia in Ano-Rectal Disease."

The 35th Annual Report of the Children's Free Hospital, Detroit, recently published, shows the attending medical staff as follows: Dr. E. R. Hoobler, Director of Medical Department; Dr. T. B. Cooley, Associate Director of Medical Department; Dr. G. C. Pemberthy, Director of Surgical Department; Dr. F. C. Kidner, Director of Department of Orthopedic Surgery; Dr. H. L. Begle, Director of the Department of Ophthalmology; Dr. J. S. Wendell, Director of the Department of Otolaryngology; Dr. H. A. Reye, Director Neurological Department; Dr. H. L. Simpson, Bronchoscopist and Oesophagoscopist; Dr. E. R. Witwer, Director of Laboratory.

In the Annual Report of Providence Hospital, Detroit, recently published, the Attending Staff is as follows: Drs. D. O'Donnell, A. S. DeWitt, H. S. Schmidt, (Medicine); Drs. F. B. Walker, A. McDonald, W. J. Seymour, Geo. Potter, E. J. Panzner, (Surgery); Drs. W. Welz, F. J. MacDonald, J. N. Bell, (Obstetrics); Drs. H. W. Yates, G. V. Brown, W. A. Harper, E. A. Pillon (Gynecology); Drs. R. E. Mercer, Wadsworth Warren, (Laryngology); Drs. Robert Beattie, Ray Connor (Ophthalmology); Drs. A. W. Ives, D. R. Clark (Neurology); Drs. W. E. Keane, C. P. Sibley (Genito Urinary); Dr. R. A. Wollenberg (Dermatology); Dr. Daniel La Ferte (Orthopedics); Dr. I. L. Polozker (Pediatrics); Dr. J. A. MacMillan (Proctology); Dr. D. M. Graham, (Oral Surgery); Dr. J. E. Davis, (Pathology), and Dr. George Chene (Roentgenology).

County Society News

GENESEE COUNTY

The Genesee County Medical Society met on Wednesday, May 24, 1922, President Miner in the chair. Dr. A. D. Wickett, Assistant Professor of Medicine, University of Michigan, gave a most timely address on "The Treatment of Hay Fever and Asthma." He discussed the modern theory of asthma being a protein sensitization. While perennial types are due to foods, animal emanations and infections, he considers the infective role the most important in therapy. In the sea-

sonal types, the early hay fevers are usually due to the pollen from trees and have such a brief course that treatment is seldom needed. In this region, summer types are best treated by ascending doses of the Timothy antigen, and the later autumn types, by that of Ragweed. When an attack is already begun, autogenous vaccines give most relief. In chronic asthma, he considers it imperative to clear up all foci of infection in the tonsils, teeth, sinuses, and to make autogenous vaccines from infective material, including the sputum. He makes the vaccine from all the organisms that grow in culture.

W. H. MARSHALL,
Secretary.

ACADEMY OF SURGERY OF DETROIT

The Academy of Surgery of Detroit held the last meeting for the summer at St. Mary's Hospital on Friday evening, May 12, 1922.

The paper of the evening was by Dr. Cyrus W. Darling of Ann Arbor on "Intestinal Obstruction."

The following officers were elected for the ensuing year:

President, Dr. Max Ballin; Vice President, Dr. Alexander W. Blain; Second Vice President, Dr. Chas. Kennedy; Secretary and Treasurer, Dr. W. D. Barrett.

IRA G. DOWNER,
Secretary.

Correspondence

The Editor of the Journal of the Michigan State Medical Society:

Having been informed that your association was in session at the present time, I took the liberty to write you about a matter which in my estimation should be given serious thought and prompt action taken by the medical profession of this state.

You medical men sometimes wonder why you are not getting results in prescribing for your patients, but if you will read Mr. H. H. Hoffman's recent report you will satisfy yourself that the State Board of Pharmacy are not doing their duty in protecting the public and physicians against drugs sold in the drug stores of our state, that are not up to standard.

Mr. H. H. Hoffman is the State Director of Drugs and Drug Stores, and in his recent investigation stated that he found that more, he didn't state how much more, may have been twice as large a per cent, but he did state that more than 20 per cent of all medicines analyzed in the state laboratories from samples obtained from drug stores throughout our state, are not up to standard strength. Does this mean anything to the medical profession of this state?

Do they get the desired results in prescribing for their patients? Mr. Hoffman reports that, but what action has he taken in the matter? Has he made any prosecutions as they do in other states, when he finds such a condition? Has he made any prosecutions of drug store proprietors who allow their prescriptions to be compounded by non-registered druggists and in most cases apprentices? Read his report regarding the number of drug stores which are running without competent registered druggists to handle your prescriptions. Is it any wonder you may not be getting results, or at least better results in prescribing? The condition is without a parallel and I think requires the attention of your association.

Very truly,
RALPH STILLMAN.

The Editor of the Journal of the Michigan State Medical Society:

Your letter of June 12 has reached me today. I do not need to thank you with all my heart for the letter. You speak very generously of what I endeavored to do and if even in a slight degree wholesome and satisfactory results were secured, I am delighted beyond words. I am sure you know that I am sufficiently human to appreciate what you say.

When I receive the stenographer's notes I shall endeaver to go over them as promptly as possible and return them to you.

In the meantime, let me assure you that if this University or its Medical School can be of the slightest service to the State Medical Society or to the profession in general, we are only eager to be called upon.

Very sincerely yours,
M. L. BURTON.

MALNUTRITION AND THE SCALES

A wave of enthusiasm for the weighing and measuring of school children is at present sweeping over the country. This enthusiasm is a healthful and cheering sign and the custom is capable of great good, but it should be directed by cool common sense.

The chart by Dr. T. D. Wood and the chart by Boas and Burke, vary by at least 5 per cent, so that a child normal by the Wood chart, is abnormal or below normal by the other. So there is nothing inspired or sacred about the conclusions of either chart. Normal and average are not synonymous terms and the question, "Is this child undernourished?" can not be settled by the scales alone.

If we are not to rely on the scales alone, what other data have we on which to base a pronouncement of malnutrition? Dr. Rose has adopted the following method of assigning relative values for a 100 point diagnosis:

1—General appearance as to vigor and alertness (25 points). Bright eyes, animated movements and good posture are not the usual accompaniments of malnutrition no matter what the scales say.

2—Musculation (25 points). Good firm muscles, whether well padded with fat or not, do not go with malnutrition, no matter what the scales say.

3—Color or complexion (25 points). A clear ruddy complexion is not always present in a person of good health, but when present it counts strongly against malnutrition no matter what the scales say (except the flushed cheeks of excitement or of fever).

4—The scales (25 points). These are a very valuable aid in detecting malnutrition, not to be compared however, to the thermometer in detecting abnormalities of temperature, but perhaps to the

sphygnomamometer in determining abnormalities of heart or kidney.

The upshot of all this is that a boy or girl may be perfectly normal and well nourished even though considerably above or below the average weight for height attained. However racial, familial and even personal types do exist.

Instead of making average (represented by a line or a graphic chart) the normal, make a zone of say 7 or 10 per cent above and below that line to take its place. A child falling within those lines, unless presenting other evidences of malnutrition need not be worried ever either by the nurse or mother.

A great painter was once asked how he mixed his colors. "With brains," was his reply. Let us do the same with our scales and yardstick.—Public Health, May, 1922, Frank L. Rose.

Book Reviews

1921 COLLECTED PAPERS OF THE MAYO CLINIC, ROCHESTER, MINN. Octavo of 1,318 pages, 392 illustrations. Philadelphia and London, W. B. Saunders Company, 1922. Cloth, $12.00 net.

These collected papers require no introduction to the profession. The volume represents the scientific work of the clinic in the subjects discussed. As such then they become authoritative references of extended value to the students in the profession. The excellence of the previous twelve volumes is maintained if not exceeded. No one article merits special mention. They are all representative and cover important subjects upon which we welcome the findings and conclusions of this clinic.

Strongly do we commend and urge its study by our readers. It is an annual appearing classic that one cannot afford to be without.

THE PRACTICE OF MEDICINE. By A. A. Stevens, M. D., Professor of Applied Therapeutics in the University of Pennsylvania; Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Octavo of 1,106 pages. Philadelphia and London, W. B. Saunders Company, 1922. Cloth, $7.50 net.

The author's perface well states the object and scope of this text.

The object I have endeavored to attain in the preparation of this work is to present descriptions of the various internal diseases which should accord with the present state of our knowledge, and, which, though concise, should give to the student and practicing physician the most necessary points in pathology, diagnosis and treatment. In order to keep the material within reasonable limits I have omitted clinical records of my own and of others which would have served as illustrations of the text, and for the same reason, I have disregarded, for the most part, all controversial questions and all theories still under discussion. Nevertheless I have tried to indicate what seem to be the important issues of the day and to point out that many conclusions which are generally accepted as final are in reality only provisional and with more accurate observation and more critical consideration of results may have to be greatly modified. I have not the ability, nor have I attempted, to supply all the information that the internist needs, but I have consulted the writings of many authorities, both American and foreign, and have supplemented the information obtained from these sources by what I have learned myself in thirty years of practice in various hospitals and elsewhere, as well as of teaching, first in pathology and then in internal medicine, and I venture to hope that nothing of real importance has been omitted, and that the book will be found a trustworthy guide to the practice of medicine.

Certain references have been inserted in the book for the benefit of those who may wish to study more fully any particular subject. Those selected are to contributions which themselves present a more or less complete bibliography, which deal with comparatively recent investigations, which are of exceptional importance, or which are historically interesting.

Well written, comprehensive and modern, it bids well to find a high place in our texts on medicine.

THE WRITING OF MEDICAL PAPERS. By Maud H. Mellish, Editor of the Mayo Clinic Publications. 12mo of 157 pages. Philadelphia and London, W. B. Saunders Company, 1922. Cloth, $1.50 net.

Here's a manual we trust will find its way to every medical man who submits articles for publication. It is just the outline of advice as to style, copy and language that we have been longing for. It will elevate the literary style of every author who follows its rules. It will make our medical literature greater in its value. Get it, read it, study it, follow its rules.